

**TIIAA Annual Conference & Exhibits**  
**DoubleTree By Hilton Hotel Dallas-Love Field, Dallas Tx.**  
**May 5 & 6, 2016**  
**EXHIBITOR CONTRACT & AGREEMENT**

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

EMAIL \_\_\_\_\_

Contact Name \_\_\_\_\_ Authorizing Signature \_\_\_\_\_

\$500 Exhibitor (includes 6ft skirted table and chairs, breakfast on Friday & receptions on Thursday and Friday and Friday afternoon activity for 1 person)

Booth Badge #1 (Name) \_\_\_\_\_

\$200 Additional Booth Badge (includes breakfast on Friday & receptions on Thursday and Friday & Friday afternoon activity for 1 person)

Booth Badge #2 (Name) \_\_\_\_\_

\$200 Additional Booth Badge (includes breakfast on Friday & receptions on Thursday and Friday & Friday afternoon activity for 1 person)

Booth Badge #3 (Name) \_\_\_\_\_

Electricity at Table

Participating in Friday afternoon activity? Circle one:      YES      NO      Total # Attending \_\_\_\_\_

\_\_\_\_\_ Total Due – *TIIAA Industry Members take 10% Discount*       ***We will be providing a door prize***

**Payment Information:**

I have enclosed a check for a total payment of \$ \_\_\_\_\_

Please charge my credit card in the amount of \$ \_\_\_\_\_ as follows:       MasterCard       Visa       Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name of Card Holder \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Authorized Signature \_\_\_\_\_

(I authorize TIIAA to charge my credit card)

Make checks payable to TIIAA. Return this contract form to:

TIIAA, 1018 Dominion, Katy, Tx. 77450 - phone/fax: 832.319.6238- email:daryl.cunda@brezinaclaims.com

