

EXHIBIT SPACE REQUEST

In order to secure an	exhibit space, please con	nplete and return this	form no late	er than Friday, Sept	ember 14, 2012
Space:	. 8' X 8' space				
Items provided:	. One 8' table and two	o chairs			
Will you need elect	trical outlet?	Yes No			
Any other requiren	nents?				
Set up Time:	Friday, September 28,	5:00- 6:00 p.m. or S	Saturday, Se	ptember 29, 9:00	a.m10:30 a.m
Exhibitor Fee:	Please Indicate Which Fee Applies To Your Organization				
	☐ \$1,000 for corporations				
	\$500 for universities				
	☐ \$100 for nonprofit and government agencies				
Please email or fax	completed form to: sh	neila.briones@hccs.e	edu • 713.7	18.5166 (fax)	
Please make check	s payable to HCC Foun	ndation and mail to):		
Julie Falcon; HCC Fo	oundation; 3100 Main, M	1C 1148; Houston, Te	exas 77002		
Organization:					
Contact Person:					
Daytime Telephone:		Fax:			
Email:		*Cell Pho	ne:		
	City:				
Brief description of s	services provided and de	escription of materia	als to be ext	nibited and/or dist	ributed:
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^{*}Cell phone number required as emergency contact.