



TEXAS CORRECTIONS ASSOCIATION

SPONSOR/DISPLAY OPPORTUNITIES

2026 SPECIAL POPULATIONS CONFERENCE & SERVICES DISPLAY | DECEMBER 9-11, 2026 | GALVESTON, TX

Dear Sponsor/Exhibitor,

We are excited to have you join us as a Sponsor for the TCA 2026 Special Populations Conference at the San Luis Resort in Galveston, Texas. The following information will aid in planning a successful showing for your company.

EXHIBIT HALL SCHEDULE

Thursday, December 10 7:00am–9:00am Set-Up
 10:00am–10:30am Break
 3:00pm–3:30pm Break

Friday, December 11 10:00am–10:30am Break
 All exhibits are to be taken down by 12:30pm on Friday

TCA 2026 DISPLAY CHECKLIST

- ☐ Complete and return the enclosed Exhibitor/Sponsor Contract.
- ☐ Contact the San Luis Resort at (409) 744-1500 or visit www.txcorrections.org/conference.html to get the reservation link. If reserving by phone, identify yourself as a TCA Conference Participant.

The TCA Display Area is a table top display with no pipe and drape. A six-foot, draped table and two chairs are provided with each space. All materials should fit in your table area. Please note that limited on-site storage is available during the conference.

SHIPPING INFORMATION

Shipments should be delivered to the Hotel no more than three (3) working days prior to the program date commencement. Handling charges are assessed for incoming and outgoing packages by weight. Group may be required to retain a drayage company for excessive shipments. Please consult with your Catering/Conference Service Manager for pricing and receiving restrictions. The San Luis Resort reserves the right to refuse receipt of any package.

Address Packages: Guest Name and/or Group Name
 c/o The San Luis Resort, Spa & Conference Center
 5222 Seawall Boulevard
 Galveston, TX 77551

Include: Group Name, Group Contact, Date of Event & Function Room, Catering/Conference Service Manager & Phone Number, Lisa Clemmons, 800-445-0090 ext. 2631

SPONSOR RECOGNITION

All of our sponsors will be recognized in our conference workbook, in conference signage, and at the Welcome on Wednesday evening. Please send your company logo in vector or high resolution JPG format for our signs.

Completed forms and payments may be mailed to us at the address below.
Make checks payable to SHSU-TCA or pay online at www.txcorrections.org/payment.html

Mailing Address:

TCA

George J Beto Criminal Justice Center,
Sam Houston State University
Huntsville, TX 77341-2296

Email: vfarmers@shsu.edu • Phone: (936) 294-1706

If you have any questions please feel free to contact me. I look forward to seeing you in Galveston.

Sincerely,

Vanessa Farmer

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COMPANY CONTACT INFORMATION

Company Name _____

Representative _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Exhibitor desires a total of _____ booth(s), at \$450 for each booth, for a total of \$ _____ payable upon return of signed contract to TCA.

☐ **Enclosed is a Check # _____ in the amount of \$ _____**

Online payments available at www.txcorrections.org/payment.html

Payment is due within 30 days. Booth may be released if payment is not received.

NAMES OF COMPANY REPRESENTATIVE(S) ATTENDING BOOTH.

Each booth includes admission for 2 booth attendees. Additional attendees may be registered at \$50.00 per attendee. Booth registration does not include admission to regular conference sessions. All conference sessions may be attended by registering for the full conference at www.txcorrections.org/conference.html. Full conference registration is \$225.00 per participant. Soliciting is not permitted outside the exhibit hall.

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

Additional booth attendees (\$50.00 per additional attendee)

Name _____ Title _____

Email _____ Phone _____

Name _____ Title _____

Email _____ Phone _____

LOCATION PREFERENCES

We prefer NOT to be located beside the following exhibitor/company:

We would like to be located beside or near the following exhibitor/company:

Will you require electricity? ☐ Yes ☐ No

EXHIBITOR GAME

The TCA gives participants an opportunity to participate in a popular exhibitor scavenger hunt - a game that will bring more traffic to your table at NO ADDITIONAL COST. Please select one of the below options:

☐ **Yes, my company would like to participate in the exhibitor game.**

☐ **No, my company would NOT like to participate in the exhibitor game.**

EXHIBITION TERMS

Texas Corrections Association (TCA) and _____ (Exhibitor)
agree to the following terms for the provision of exhibit space:

1. Signed Contract and full payment must be received in order to reserve exhibit space.
2. Any additional charges for services not otherwise outlined in this agreement, including but not limited to telephone, special decorations, shipping, storage, and handling are the responsibility of the Exhibitor.
3. Exhibitor will accept booth space assignment as determined by the Executive Director of TCA.
4. Exhibitor may, if he/she desires, cancel the agreement and receive a full refund, minus a service charge of \$100, if written request is received by November 20, 2026. No refunds will be granted after this date.
5. TCA reserves the right to refuse any exhibit or Exhibitor and further reserves the right to shut down any exhibit or Exhibitor for breach of this agreement, or for cause.

Signature: _____ Date: _____

Title: _____

Please copy form and return original along with payment to TCA Headquarters

George J. Beto Criminal Justice Center, Sam Houston State University, Huntsville, TX 77341-2296

Email: vfarmer@shsu.edu • **Phone:** (936) 294-1706 • **Fax:** (936) 294-1671



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SPONSORSHIP OPPORTUNITIES

Sponsors of events will be recognized with signage at the event as well as in the conference packets. Events will be assigned on a first-come, first-serve basis. **Indicate choice by placing a number in the corresponding blank with #1 being first choice.** Please consider sponsoring/co-sponsoring one of the following events for our attendees. If you choose to be a co-sponsor, please indicate the amount you will provide.

Please note: Sponsorships DO NOT include exhibit space.

DATE	EVENT	FULL SPONSORSHIP	CO-SPONSORSHIP
Weds 12/9	Welcome Reception	_____ (\$7,000)	_____ (\$ _____) min \$500
Thurs 12/10	Morning Refreshment Break	_____ (\$3,500)	_____ (\$ _____) min \$500
Thurs 12/10	Afternoon Refreshment Break	_____ (\$3,500)	_____ (\$ _____) min \$500
Fri 12/11	Morning Refreshment Break	_____ (\$3,500)	_____ (\$ _____) min \$500
—	Speaker	_____ (\$1,000)	_____ (\$ _____) min \$500

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Title: _____

Signature: _____ Date: _____

☐ I have enclosed a check in the amount of \$_____.