

# HACU 15<sup>th</sup> International Conference

## Bridging Nations to Advance Higher Education

May 4-6, 2026 - The Kimpton Santo San Antonio - Riverwalk - San Antonio, Texas



### APPLICATION FOR EXHIBITOR SPACE

The undersigned person on behalf of the organization listed below (“Applicant”) hereby requests consideration by the Hispanic Association of Colleges and Universities (“HACU”) for exhibitor space at HACU’s conference to be held as follows:

**Dates of Conference:** May 4-6, 2026

**Location:** San Antonio, Texas

**Exhibit Site:** The Kimpton Santo San Antonio - Riverwalk

**\*\*Exhibitor Application Deadline: April 20, 2026\*\***

#### Exhibit Space Content

Each exhibit space includes the following:

- A full conference registration for one (1) person (will have access to all conference events)
- One 6’ skirted table with 2 chairs
- Recognition of the organization as an exhibitor in the conference program

#### 1. APPLICANT INFORMATION

A. Name of Organization on whose behalf application is made:

Institution/Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

B. Information of person filling out the application on behalf of the Applicant and acting as the representative of the organization:

**\*This person will receive all communications and information related to this exhibit space.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution/Organization/Company: \_\_\_\_\_

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

Email: \_\_\_\_\_

Please select the classification below that best describes your primary function: (select only one)

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Dean/Chair               | <input type="checkbox"/> Trustee               | <input type="checkbox"/> Graduate Student | <input type="checkbox"/> Nonprofit organization |
| <input type="checkbox"/> Staff/Faculty | <input type="checkbox"/> K-12 Administrator/Staff | <input type="checkbox"/> Undergraduate Student | <input type="checkbox"/> Government       | <input type="checkbox"/> Corporate              |

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C. Contact information of person receiving complimentary registration on behalf of above organization for the purchase of one (1) exhibit space:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

Email: \_\_\_\_\_

Please select the classification below that best describes your primary function: (select only one)

- Administrator    Dean/Chair    Trustee    Graduate Student    Nonprofit organization  
 Staff/Faculty    K-12 Administrator/Staff    Undergraduate Student    Government    Corporate

D. Name, title and email of additional table personnel (charged at \$475 each, maximum of 1).

1. Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

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

Email: \_\_\_\_\_

Please select the classification below that best describes your primary function: (select only one)

- Administrator    Dean/Chair    Trustee    Graduate Student    Nonprofit organization  
 Staff/Faculty    K-12 Administrator/Staff    Undergraduate Student    Government    Corporate

E. Brief description of nature and purpose of organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Number of years organization has been in existence: \_\_\_\_\_

G. Describe the nature and focus of displays and communications of proposed exhibit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. If intent is to promote subjects other than matters pertaining to higher education, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### 2. PAYMENT INFORMATION

A. Exhibit Space Fee (please circle one)

HACU Member Colleges & Universities	\$830.00 USD
Non-members, Nonprofits & Government Agencies	\$850.00 USD
Corporate	\$960.00 USD
Additional Exhibit Table Personnel (maximum one (1) per exhibit table)	\$510.00 USD

B. Payment includes:

Exhibit Table Fee	X	Number of Exhibit Table(s)	=	Total Exhibit Table(s) Fee
\$510.00				
Per additional space personnel		# of Additional Space Personnel (Maximum one (1) per exhibit table)		Total Additional Registrations

**TOTAL DUE:** \_\_\_\_\_

C. Select method of payment below (check one):

- Credit Card
- Check or money order (Check or money order must be in U.S. Dollars, made out to HACU and attached to this Application.)
- Wire Transfer (Bank information will be provided by email)

**For credit card payments, please provide the following information:**

American Express \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_

Name (as it appears in the card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_