

HACU 39th ANNUAL CONFERENCE

Championing Hispanic Higher Education Success: Forging Transformational Leaders to Uplift Democracy and Prosperity

November 1-3, 2025 / Gaylord Rockies Resort & Convention Center / Aurora, Colorado



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: Nov. 1 - 3, 2025

Location: Gaylord Rockies Resort & Convention Center

Exhibit Site: Gaylord Rockies Resort & Convention Center

**** Exhibitor Application Deadline to be included in the printed program: Sept. 5, 2025 ****

Exhibitor Application Deadline: October 11, 2025

Approximate Dimensions of each Exhibitor Space: Standard 8' x 10' Exhibit Booth

1. APPLICANT INFORMATION

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

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

B. Name of person filling out application:*

*Please note, this person will receive all conference communications and the exhibitor manual. This person will not receive a registration.

Name: _____

Title: _____

Relationship to Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

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

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

C. Name, title and email of person receiving complimentary registration on behalf of above organization:*

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

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

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

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D. Name, title and email of additional booth personnel (charged at \$315 each, maximum of 4). The deadline to add additional personnel to this application is Oct. 11, 2025. After that date all additional personnel must be added and paid for on-site. TBDs will no longer be accepted.

1) Name: _____
Title: _____
Address: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____

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

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

2) Name: _____
Title: _____
Address: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____

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

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

3) Name: _____
Title: _____
Address: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____

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

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

4) Name: _____
Title: _____
Address: _____
Phone: (_____) _____ Fax: (_____) _____
Email: _____

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

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

E. Brief description of nature and purpose of organization:

Years organization has been in existence: _____

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

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

2. PAYMENT INFORMATION

A. Exhibit Booth Fee (please check one):

HACU Member Colleges & Universities	\$2,120
Non-Member Colleges & Universities	\$2,820
Non-profit Associations	\$2,820
Government	\$2,820
Corporate	\$4,215

B. Payment includes:

_____	x	_____	=	_____
Exhibit Booth Fee		# of Exhibit Booth(s)		Total Exhibit Booth Fee
_____ \$315	x	_____	=	_____
Per Additional Booth Personnel		# of Additional Booth Personnel		Total Additional Registrations
			=	_____
				TOTAL DUE

C. Check Method of Payment:

_____ Credit Card _____ Check _____ Money Order _____ Purchase Order

If paying by credit card please complete section below:

Card Number: _____ Exp. Date: _____ Security Code: _____
 Credit Card: _____ AMEX _____ VISA _____ Master Card
 Name as it appears on card: _____
 Signature of Cardholder: _____

If paying by check, please make check payable to HACU.