

2022 Statewide HUB EXPO, June 9, 2022
Downtown Event Centre, 700 Crockett Street, Beaumont, Texas 77701
- - - Seminar Workshops and EXPO and SPOT BID FAIR - Open to the Public - - -

Complete and submit this registration form with applicable fee(s) to be paid prior to EXPO to be an Exhibitor, or to be a non-exhibitor who will be participating in the event's networking luncheon. **NOTE:** Only one (1) agency/business/vendor/entity may be displayed per Exhibit Table.

REGISTRATION FORM OPTIONS

Check the box(es) identifying your registration:

Exhibitor Registration

- *For Golden Triangle Minority Business Council M/WBE/HUB MEMBERS Exhibitor \$200 (\$250 after May 27th)
- *For Non-Golden Triangle Minority Business Council M/WBE/HUB Members, Corporate Sponsor Exhibitor \$250 (\$300 after May 27th)
- *State/Governmental/Corporation Entity Exhibitor (i.e., State Agencies/Universities, Corporations, City, County, Federal) \$300 (\$350 after May 27th)
- **Additional Exhibitor Attendee(s), if you checked this box in addition to one of the boxes above, indicate the number of additional attendees: _____ X \$25 ea. (\$45 after May 27th)

*Registration includes a 6' table, two chairs, exhibit booth space, and two free networking luncheon tickets. **Registration includes additional seating for exhibit booth space and one free networking luncheon ticket per additional attendee.

Non-Exhibitor Networking Luncheon Registration

- ***Non-Exhibitor Networking Luncheon Attendee(s), if you check this box indicate the number of attendees: _____ X \$25 ea. (\$45 after May 27th)

(***Registration includes one networking luncheon ticket per attendee.)

COMPANY AND POINT OF CONTACT INFORMATION

Company Name: _____

Mailing Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Point of Contact: _____
(First Name) (Last Name) (Business Phone) (Email Address)

ATTENDEE INFORMATION

List all individuals who will be attending the event.

	<small>(First Name)</small>	<small>(Last Name)</small>	<small>(Business Phone, if different than above.)</small>	<small>(Email Address)</small>
Attendee #1:	_____	_____	_____	_____
Attendee #2:	_____	_____	_____	_____
Attendee #3:	_____	_____	_____	_____
Attendee #4:	_____	_____	_____	_____
Attendee #5:	_____	_____	_____	_____

METHOD OF PAYMENT

Check the box identifying your method of payment, complete information and remit registration form and payment as indicated below.

- Check Money Order American Express Carte Blanche Diners Club Master Card Visa

Credit Card Number: _____ Expiration Date: _____ 3 Digit Code: _____

Name of Credit Card Holder: _____
(First Name) (Last Name)

Billing Address: _____
(Street or P.O. Box) (City) (State) (Zip Code)

Enter total amount to be billed if paying by credit card: \$ _____ Signature: _____

Note: Payment by credit card can be faxed to the number listed below.

Mail-Remit to: Golden Triangle Minority Business Council, Inc. • Post Office Box 5064 • Beaumont, Texas 77726-5064

Point of Contact: Beverly Hatcher at Ph: 409-962-8530 • FAX: 409-892-1787 • Email Address: hatcher.beverly@gtmhc.com

Note: Be sure to wear your company name tag to the event, otherwise peel and stick name tags will be available.