



January 12, 2026

The Correctional Management Institute of Texas (CMIT) is pleased to announce the 2026 Drug Impact Conference. The conference will bring together over 200 participants representing the field of criminal justice throughout the state of Texas to the Marriott Dallas Allen Hotel & Convention Center in Allen, TX, July 20-23, 2026.

Your exhibit fee of \$300 will include two company representatives, a six-foot table and two chairs. Additional exhibit personnel from your company may register for an extra \$50 per person.

Please fill out and return the exhibitor contract. If you wish to register additional representatives, please attach an additional sheet of paper with their names and titles. Representatives can attend all conference functions.

#### **EXHIBITS**

Exhibits will be located in Starlight III. All refreshment breaks will be served there as well.

Exhibitors must set-up on Monday, July 20, between 11:00 AM and 5:00 PM, or on Tuesday, July 21, beginning after 7:00 AM.

On Monday evening from 6:00-8:00 PM, there will be a reception in the exhibit hall, which you are welcome to attend and exhibit at. We ask that you either have your exhibit fully set up prior to this time or wait to set up the following morning.

Exhibits will open Tuesday, July 21 at 7:30 AM and close at 5:00 PM, allowing participants to visit during refreshment breaks. Booths will reopen Wednesday, July 22 at 7:30 AM and close at 5:00 PM. All exhibits must be taken down by 5:30 PM on Wednesday, July 22.

Booths will be assigned on a first come, first serve basis, as contracts and payments are received. Please fax or email your completed exhibitor contract to Vanessa Farmer, [vfarmer@shsu.edu](mailto:vfarmer@shsu.edu) or 936-294-1671. Payments will be accepted online ([www.cmitonline.org/drugs.html](http://www.cmitonline.org/drugs.html)), or by mail. Payments must be made within 30 days or your booth will be released.

Only a limited number of spaces will be available, so do not delay in making your reservations. If you need special accommodations for your booth, please contact us.

#### **SPONSORSHIP**

As another means of conveying your message to attendees, please consider sponsorship of a conference refreshment break or speaker. These events are well attended and sponsors generate a great deal of goodwill through the provision of such amenities.

Companies that want to receive recognition for their level of participation in the conference should fill out the Sponsorship Form and return it as soon as possible. Sponsors of conference events will be recognized with signage and in the conference workbook.

### **SHIPPING INFORMATION**

Receiving: \$5.00 per Box and \$75.00 per Pallet

Package receiver will be charged accordingly to their guest room.

Boxes can be stored 3 days prior and 3 days post at no charge. Additional days stored will be \$5.00/box.

### **SHIPPING ADDRESS:**

<Name of On-Site Contact Receiving Package>

C/O Priya Penumarthy

Marriott Dallas Allen & Convention Center

777 Watters Creek Blvd

Allen, TX 75013

If possible, label Box 1/3, Box, 2/3, Box 3/3, so the hotel knows they have received all.

Once package has been shipped to the hotel, please send tracking information to

Priya.penumarthy@marriottallen.com

### **OUTGOING**

All packages need to be sealed and labeled for shipping pick-up.

Client/Vendor is responsible for contacting their preferred shipper for pick-up.

### **WIFI & ELECTRICITY**

For wifi, electricity and other audio/visual needs, please visit the Pinnacle Live website to order services.

<https://exhibitors.pinnaclelive.com/venues/1054/events/122>

You can make your room reservation by calling the Marriott Dallas Allen Hotel & Convention Center at (469) 675-0800 or you can find the online reservation link online at [www.cmitonline.org/cal.php](http://www.cmitonline.org/cal.php). Be sure to identify yourself as part of the Drug Impact Conference. We are planning a great conference and hope you will be a part of it. Please feel free to contact us should you have questions or require assistance. See you in Allen, TX!

Each booth is \$300.00. Please complete the Exhibitor Contract and Sponsorship Form and return via email or fax to 936-294-1671.

Sincerely,

*Vanessa Farmer*

Vanessa Farmer, Projector Coordinator

Phone: 936-294-1706

Email: [vfarmer@shsu.edu](mailto:vfarmer@shsu.edu)



# 2026 DRUG IMPACT CONFERENCE

JULY 20-23, 2026 / ALLEN, TX

## EXHIBITOR CONTRACT

Complete all information blanks. Sign, date, and email to [vfarmer@shsu.edu](mailto:vfarmer@shsu.edu) or fax 936-294-1671.

Signed contract and fee must be received by June 29, 2026, in order to reserve exhibit space. Your payment must be received within 30 days of contract submission, or your booth space will be released. If you need to discuss payment options, booth locations, special sponsorships, or special needs such as large equipment, contact Vanessa Farmer at 936-294-1706.

Company Name to be listed on signage: \_\_\_\_\_

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

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

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

Contact Person Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have enclosed a check in the amount of \$\_\_\_\_\_

The Correctional Management Institute of Texas, referred to hereinafter as "CMIT," and the undersigned firm, referred to hereinafter as "Exhibitor," and the Omni Allen Hotel, referred to hereinafter as "Exhibit site," agree to as follows:

1. CMIT will provide exhibit space in accordance with items listed below:
2. Exhibitor desires a total of \_\_\_\_\_ booth(s), at \$300 for each booth, for a total of \$\_\_\_\_\_ payable upon return of signed contract mailed to CMIT.

3. Area of expertise: \_\_\_\_\_

4. Names of firm representative(s) attending booth. (Each booth entitles you to 2 full conference registrations.)

Please print or type name(s) and title(s):

Name 1: \_\_\_\_\_ Email: \_\_\_\_\_

Name 2: \_\_\_\_\_ Email: \_\_\_\_\_

5. Exhibitor will accept booth space assignment as determined by CMIT.

6. 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 June 29, 2026.

7. CMIT 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.

8. Are you willing to sponsor/co-sponsor an event at the conference?

Yes  No

If so, please fill out the attached form indicating the event you wish to sponsor and your dollar commitment level.

Please copy form and return original along with payment made payable to:

Attn: Vanessa Farmer, Drug Impact Conference

Correctional Management Institute of Texas

Sam Houston State University

Box 2296

Huntsville, TX 77341-2296

Pay online at [www.cmitonline.org/drugs.html](http://www.cmitonline.org/drugs.html)

**Questions?** Contact Vanessa Farmer at [vfarmer@shsu.edu](mailto:vfarmer@shsu.edu) or 936-294-1706.



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JULY 20-23, 2026 / ALLEN, TX

## SPONSORSHIP OPPORTUNITIES

Sponsorship of conference activities is an excellent way to show your support for the Correctional Management Institute of Texas. Your sponsorships allow the Institute to provide more educational activities to participants across the state.

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.

DATE	EVENT	FULL SPONSORSHIP	CO-SPONSORSHIP
Tues 7/21	Morning Refreshment Break	_____ (\$3,500)	_____ ( \$_____ ) min \$200
Tues 7/21	Afternoon Refreshment Break	_____ (\$3,500)	_____ ( \$_____ ) min \$200
Weds 7/22	Morning Refreshment Break	_____ (\$3,500)	_____ ( \$_____ ) min \$200
Weds 7/22	Afternoon Refreshment Break	_____ (\$3,500)	_____ ( \$_____ ) min \$200
Thurs 7/23	Morning Refreshment Break	_____ (\$3,500)	_____ ( \$_____ ) min \$200
–	Speaker	_____ (\$1,000)	_____ ( \$_____ ) min \$200

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

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

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

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

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

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

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