2008 ISLMA FALL CONFERNCE

Exhibitor's Contract • November 6-8, 2008

In consideration of payment to the Illinois School Library Media Association, an exhibit space of 8 feet by 10 feet will be provided at the Sheraton Chicago Northwest Hotel, 3400 W. Euclid Ave., Arlington Heights, IL 60005.

This booth consists of one draped 6 foot table, two chairs, and one one-line 7" X 44" sign (provided copy is received 7 days prior to set-up date), pipe and drape. The exhibitor will provide for all other arrangements necessary through Excel Decorators.

Date _____

$550.00 each for the first 2 booths
$525.00 each for additional booths

Total number of booth spaces _____
Total Amount Included _____

Final deadline October 1, 2008

Company Name _____
(as it should appear on the sign)

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Name of Representative(s) attending the conference (Please print or type)

_____
(For name tags)

Contact information for Representative (If different from above) [Please print]

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Representatives of multiple vendors may request that each vendor's name and contact information be listed alphabetically in the final program book. An additional $50 will be charged for each added vendor. Attach a list to the contract and include the amount in your payment.

The Exhibitor indemnifies and agrees to hold harmless the Sheraton Chicago Northwest Hotel and the legal entities which own, and lease and/or operate the hotel, their members, officers, directors and employees against any or all damage by exhibitor or his agents, representative, employees or any other person.

I agree to the conditions and terms set forth and agree to the above contract.

Authorized Company Signature _____ Date _____

Checks payable to:
Illinois School Library Media Association (ISLMA)
Please photocopy for your records and for the Representatives attending the conference)

Credit Card Payment:
Complete the following information and sign the form.

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

☐ Discover ☐ MasterCard ☐ Visa

Expiration Date _____ Signature _____

Mail to:
ISLMA
P.O. Box 598
Canton, IL 61520

Fax to: 309.649.0916

ISLMA 2008 Fall Conference
Sheraton Chicago Northwest
Arlington Heights, Illinois