

2009 ISLMA FALL CONFERENCE

Exhibitor's Contract • October 29-31, 2009

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 Crowne Plaza Springfield, 3000 S. Dirksen Pkwy., Springfield, IL 62703.

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 Total number of booth spaces _____
\$525.00 each for additional booths Total Amount Included _____

Final deadline September 22, 2009

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 Crowne Plaza Springfield 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.

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Mail to:

ISLMA
P.O. Box 598
Canton, IL 61520

Fax to: 309.649.0916

Discover MasterCard Visa

Expiration Date _____ Signature _____



**Embracing
Change**

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