

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

WISCONSIN LIBRARY ASSOCIATION ANNUAL CONFERENCE
MILWAUKEE, WISCONSIN OCTOBER 29 - OCTOBER 30, 2003

	Reserved by 6/15/03	Reserved by 8/1/03
Please reserve: _____ 8'x10' Commercial Booth (non-members)	\$500.00	\$525.00
_____ 8'x10' Commercial Booth (members)	\$475.00	\$500.00
_____ additional Commercial Booth(s)	\$375.00	\$375.00
_____ 8'x10' Not-for-Profit Booth	\$250.00	\$250.00
_____ additional Not-for-Profit Booth(s)	\$150.00	\$150.00
_____ 8'x10' Tables for WLA Units Only	\$ 75.00	\$ 75.00

PAYMENT DEADLINE: JUNE 15, 2003 for early bird; **August 1, 2003** for all others. Payment of \$_____ is enclosed.

Make check payable to WISCONSIN LIBRARY ASSOCIATION and mail with completed application to:

Jennifer Schmidt
c/o Wisconsin Library Association
5250 East Terrace Drive, Suite A1
Madison, WI 53718-8345
jschmidt@switchinc.org

No refunds will be made for cancellations received after Friday, September 22, 2003. Booths will be assigned on a first-come, first-served basis.

WLA is hereby authorized to reserve space for our use in the exhibit hall, Wednesday and Thursday, October 29 and 30, 2003. We agree to be set up for opening no later than 10:00 AM on Wednesday and will not shut down before 4:30 PM on Thursday.

(Please type)

Company _____
Address _____
City/State/Zip _____ Website _____
Contact Person _____ Telephone _____ Fax _____
E-Mail _____

In 25 words or less, describe your company for our program book: _____

Name(s) of Representative(s) who will attend conference: (Name badge(s) will be provided) _____

Each 8'x10' booth includes dividers, two chairs, an 8' skirted table, 1-110 electrical outlet and a 9"x44" ID sign to read:

Using the enclosed exhibit hall floor plan, please indicate your preferred booth location.

1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____ 5th choice _____

An exhibitor kit for ordering additional services (including phone, internet and electrical service other than a 110V outlet), will be provided once booth assignments have been made. Please contact Diana Jay at (414) 615-8075 if you have questions about pricing.

___ Visa ___ MasterCard # _____ Exp. Date _____

Office Use Only:

Payment Received _____ Booth Number _____ Authorized by _____

RETURN TWO COPIES TO WLA; RETAIN ONE COPY FOR YOUR RECORDS