

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

WISCONSIN LIBRARY ASSOCIATION ANNUAL CONFERENCE

KALAHARI RESORT AND CONVENTION CENTER

NOVEMBER 1 - NOVEMBER 2, 2006

	Reserved by 6/30/06	Reserved by 9/25/06
Please reserve: _____ 8'x10' Commercial Booth (non-members)	\$580.00	\$605.00
_____ 8'x10' Commercial Booth (members)	\$555.00	\$580.00
_____ additional Commercial Booth (non-members)	\$400.00	\$400.00
_____ additional Commercial Booth (members)	\$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 of \$ _____ is enclosed. **PAYMENT DEADLINE: JUNE 30, 2006 for early bird; September 25, 2006 for all others.**

Make check payable to WISCONSIN LIBRARY ASSOCIATION

Mail Check and Completed Application to: Hans Jensen
c/o Wisconsin Library Association
5250 East Terrace Drive, Suite A1
Madison, WI 53718-8345
hjensen@scls.lib.wi.us

No refunds will be made for cancellations received after Monday, September 25, 2006. 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, November 1 and 2, 2006. 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 an 8' skirted table, two chairs, wastebasket and an 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) will be provided once booth assignments have been made.

_____ Visa _____ MasterCard # _____ Exp. Date _____

Office Use Only:

Payment Received _____ Booth Number _____ Authorized by _____