

Exhibitor Reservation Form

COMPANY NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

CONTACT PERSON: _____

PHONE: (____) _____ **FAX:** (____) _____ **E-MAIL:** _____

EXHIBIT PERSONNEL (additional \$10 for each person exceeding staff of four)

1. _____ **2.** _____

3. _____ **4.** _____

PLEASE NOTIFY US IMMEDIATELY OF ANY EXHIBIT PERSONNEL CHANGES. EXHIBITORS MUST PICK UP REGISTRATION PACKETS AND BADGES TO GAIN ENTRY TO TRADE SHOW FLOOR.

FINAL CONFERENCE PROGRAM LISTING

Please print clearly and exactly as your description will appear in the NYLA Final Conference Program:

COMPANY NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: (____) _____ **WEB SITE:** _____

LIST OUR COMPANY UNDER THE ALPHABET LETTER

DESCRIPTION: Include a 15 word description of the products and services you will be exhibiting at the trade show. We will edit descriptions that are over limit.

LOCATION PREFERENCE (1) _____ (2) _____ (3) _____ (4) _____

Booth numbers 56- 61, 70, 71, 78, 79, and 88- 93 are for Booth-Plus reservations only. Booth numbers 14, 26, 27, 39, 40, 52, 53, 65, 66, 74, 75, 83, 84, 96, 97, 109, and 138-147 are VIP locations. Booth numbers 110- 125 are Tabletops.

Try to locate our exhibit near _____

Try to locate our exhibit away from _____

Are you interested in various sponsorship opportunities? Yes _____ No _____

If yes, you will be contacted by a NYLA staff member who will customize your sponsorship according to your organization's goals.

Please email us our Exhibitor Kit

Please send Exhibitor Kit through mail

CALCULATIONS

Table-top\$550 x _____ = \$ _____

Booth\$995 x _____ = \$ _____

BoothPlus\$1495 x _____ = \$ _____

VIP Placement\$100 x _____ = \$ _____

Additional Staff\$10x _____ = \$ _____

Event Sponsorship (from p 5)\$ _____

Advertising Total (from p 6)\$ _____

Spotlight Session (from p 8) _____

45 min\$500 x _____ = \$ _____

NYLA Business Membership* (from p 9)\$150 x _____ yr = \$ _____

*Deduct \$50 off each table/booth ordered\$ _____

TOTAL PAYMENT\$ _____

PAYMENT: Checks or money orders made payable to New York Library Association

(\$20 charge for returned checks)

Please charge my VISA MASTERCARD DISCOVER

Card # _____

3 Digit V Code _____ Exp Date _____

Authorized Signature _____

Print Name _____

By submitting this form, you agree to the Terms & Conditions set out within the NYLA 2010 Trade Show Brochure. Please read the

Staff Use Only

Date _____ Rate plan _____ Placement _____ Initials _____

We hereby make application for exhibit space(s) as indicated, for use at the New York Library Association's Annual Conference Trade Show in Saratoga Springs, NY. We agree to abide by the terms and conditions stated within this brochure. Full payment is enclosed which will be returned if this application is not accepted. We are aware that we will receive a refund less \$200 only if we cancel in writing on or before August 1, 2010. We are aware that booth space will be assigned on or about April 15, 2010 in order of receipt of contract with payment in full.

Authorized by:

Signature _____

Print Name _____

Company Name _____

Date _____

SEND with full payment to:
New York Library Association
6021 State Farm Road
Guilderland, NY 12084
Fax: 518-427-1697