

EXHIBITOR AGREEMENT FOR INFO-EXPO: SLA INFORMATION PARTNERS

Exhibitor		Exhibitor Contact Person	
Exhibitor Name to be Listed on the Web (if different from above)		Title	
Address (No P.O. Box)		Address (No P.O. Box)	
Telephone	Fax No.	Telephone	Fax No.
Web Address		E-mail Address	
Booth Size:		Number of Booths:	
		Table Top: <i>YES / NO</i>	
Please select your booth location preference: <small>(For booth sizes, locations and fees, please see Exhibitor Guide. Please do not select booths in the same general location)</small>			
1 st Choice:	2 nd Choice:	3 rd Choice:	4 th Choice:
We prefer that our booth not be adjacent to or facing the following probable exhibiting companies: <small>(SLA will try to comply with such requests as much as possible)</small>			

On behalf of the above named exhibitor (“Exhibitor”), I, an authorized representative, hereby agree to rent the exhibit booth space specified above from the Special Libraries Association (“SLA”) at the 2005 Annual Conference of the Special Libraries Association, Toronto Metro Convention Centre (“Exhibition Facility”), Toronto, Canada to be held June 5 - 8, 2005 (the “Exhibition”) under the terms and conditions of this agreement and the 2005 Invitation to Exhibit which contains the SLA General Rules and Regulations For Exhibitors (collectively, the “Exhibitor Agreement”).

**All Information and Full Payment
 Must Be Provided In Order to Process**

- MasterCard Visa AMEX
 Diner's Check #

Card # Exp. Date

Name on Card

Billing Address

Make Checks Payable in U.S. Dollars to SLA
Send to:
 SLA
 Attn: Exhibits
 331 South Patrick Street
 Alexandria, VA 22314
 Fax: 1-703-647-4901

The undersigned represents and warrants that he/she is over the age of 18 and duly authorized by all necessary and appropriate action to execute this Exhibitor Agreement on behalf of the Exhibitor.

Print Name Title

Authorized Signature Date

Note: All Exhibitor obligations, including payment, are binding upon signing. SLA reserves the right not to assign and/or hold booths for any or no reason whatsoever, and to only process with full payment.

FOR OFFICE USE ONLY	Date Received _____	Initials _____
	Date Accepted _____	Initials _____
	Deposit _____	Full Amount _____
	Booth space assigned to _____	

SPECIAL LIBRARIES ASSOCIATION

