

| | | |
|------------------------------------|-----------|--------|
| Company Name | | |
| Address (No P.O. Box) | | |
| City/State or Province/Postal Code | | |
| Telephone | Fax No. | |
| Web Address | | |
| Principal Contact | Telephone | E-mail |

WHO WILL ATTEND

Over 200 SLA leaders from all over the world!

Chapter Presidents and Presidents-Elect; Division Chairs and Chairs-Elect; SLA Board of Directors; Committees upon the call of the chair; Annual Conference Program Planning Committees, and many more within the information industry.

BENEFITS

- Lots of Networking
- Great Opportunity to Get Involved with SLA
- Meet SLA's Top Leaders in the Industry
- Explore New Business Avenues

Earn 100 points toward future annual conferences for booth placement

TABLE TOP FEE

\$1450

TABLE TOP INCLUDES

- Table top will be located in the foyer area.
- (1) 6' draped table
 - (1) Chair
 - (1) Conference registration
- Company Information (contact name, title, address, phone, fax, company description, e-mail, and web address)

SET-UP TIME

Thursday, 28 January
7:00 a.m. – 7:45 a.m.

DISMANTLE TIME

Friday, 29 January
3:30 p.m. – 4:00 p.m.

EXHIBIT HOURS

Thursday, 28 January
8:00 a.m. – 3:30 p.m.

Friday, 29 January
8:00 a.m. – 3:30 p.m.

SHIPPING ADDRESS:

St. Louis Union Station Marriott
One St. Louis Union Station
St. Louis, MO 63103
Attn: Guest Name & Company
Guest's Arrival Date
SLA 2010 Leadership Summit Exhibits
Table Top Number

All shipping material must arrival ON or AFTER Monday, 25 January 2010

All Information Must Be Provided In Order to Process

Amount _____

MasterCard Visa AMEX

Check # _____

Card Number _____

Name on Card _____

Exp. Date _____ Security Code _____

Billing Address: _____

Make Checks Payable to: SLA
Send to:
SLA Leadership Summit
Attn: Exhibits
331 South Patrick Street
Alexandria, VA 22314
Fax: +1.703.647.4901



Fees are payable in US dollars only.

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 reason and will only process with full payment. **No refunds will be issued.**

FOR OFFICE USE ONLY

| | |
|-----------------------------|-------------------|
| Date Received _____ | Initials _____ |
| Date Accepted _____ | Initials _____ |
| Deposit _____ | Full Amount _____ |
| Date Processed _____ | Initials _____ |
| Date Paid _____ | |
| ID _____ | Invoice # _____ |
| Table Top assigned to _____ | |