

Company Name		SLA Membership Number
Address (No P.O. Box)		
City/State or Province/Postal Code		
Telephone	Fax No.	
Web Address		
Principal Contact	Telephone	E-mail
Secondary Contact	Telephone	E-mail
Address (No P.O. Box) – <i>if different</i>		
City/State or Province/Postal Code		

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 2008 Annual Conference & Exposition of the Special Libraries Association, Washington State Convention & Trade Center ("Exhibition Facility"), Seattle, WA USA to be held 15-18 June 2008 (the "Exhibition") under the terms and conditions of this agreement and the 2008 Exhibitor Guide which contains the SLA General Rules and Regulations For Exhibitors (collectively, the "Exhibitor Agreement").

Please select your booth location preference:

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

4<sup>th</sup> Choice: \_\_\_\_\_

Booth Costs	
Booth Size	*Price
10' x 10'	
20' x 20'	
Other	
Table Top	
<b>Total booth cost:</b>	

\*For booth sizes and locations please see inserts in the Exhibitor Guide or visit [www.sla.org/Seattle2008](http://www.sla.org/Seattle2008)

\*See the Booth Price insert or visit [www.sla.org/Seattle2008](http://www.sla.org/Seattle2008)

**All Information Must Be Provided In Order to Process**

50% Deposit     Full Payment

Amount \_\_\_\_\_

MasterCard     Visa     AMEX     Invoice Me

Diner's     Check # \_\_\_\_\_

Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Make Checks Payable in U.S. Dollars to SLA**

Send to:  
SLA  
Attn: Exhibits  
P.O. Box 75338  
Baltimore, MD 21275  
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 \_\_\_\_\_