

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
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 2007 Annual Conference of the Special Libraries Association, Colorado Convention Center ("Exhibition Facility"), Denver, CO USA to be held June 3 - 5, 2007 (the "Exhibition") under the terms and conditions of this agreement and the 2007 Exhibitor Guide which contains the SLA General Rules and Regulations For Exhibitors (collectively, the "Exhibitor Agreement").

Please select your booth location preference:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

4th Choice: _____

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

*For booth sizes and locations please see inserts in the Exhibitor Guide or visit www.sla.org/Denver2007

*See the Booth Price insert or visit www.sla.org/Denver2007

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
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 _____
Date Processed _____	Initials _____
Date Paid _____	
Booth space assigned to _____	