

EXHIBITORS REGISTRATION FORMS

Exhibit Space Reservation (exhibitors only)

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail: _____

Web site: _____

Number of tables/booths requested: _____

Please list companies you do not want to be located near:

Booth Personnel

(Please have each person from your company fill out the attached conference registration form.)

1. _____ 2. _____

Additional Booth Personnel (\$125 each person)

1. _____ 2. _____

Company signage should read (one line only)

Please attach a product/service description for on-site program book of 100 words or less or send an e-mail description to: srawlyk@shaw.ca

Descriptions must be received by February 15, 2004 to be included in the on-site exhibitor directory.

I plan to have a special product/service demonstration in a separate suite: ___ yes ___ no

Payment (Display location will not be confirmed until payment in full has been received)

Table Top Rental (3x6 table)

Table Top Display (members)	\$700	\$ _____
Table Top Display (non-members)	\$850	\$ _____
Additional Table (cost per table)	\$350	\$ _____
Additional personnel (\$125 per person)		\$ _____

Booth Space Rental (see notes for information on size)

Members	\$850	\$ _____
Non-Members	\$1,000	\$ _____
Additional Personnel (\$125 per person)	(x persons)	\$ _____
Other		
Literature Display (for profit company)	\$200	\$ _____
Literature Display (for non-profit company)	\$100	\$ _____
Vendor Demo Room (adjoins the Exhibit Hall for private viewing of software, books, etc.)	\$100/hr.	\$ _____
Program Advertising – Type of Ad (see notes for applicable amount)		\$ _____
Delegate Registration Kit insertion	\$200 (per insert)	\$ _____
Sponsorship		\$ _____
Event Requested:		\$ _____
TOTAL ENCLOSED:		\$ _____

Terms and Agreement

Exhibiting company assumes complete responsibility and liability for all loss, damage or destruction of the property of the exhibitor, its guests, and property of The Roosevelt Hotel used by the exhibitor or brought upon the hotel premises in its behalf. Exhibitor also assumes full responsibility and liability for injury to any and all persons or property in any way connected with exhibitor's display caused by the exhibitor's negligence. Exhibitor indemnifies and agrees to hold harmless ARLIS/NA and The Roosevelt Hotel and the legal entities which own, lease, and/or operate the hotel, their members, officers, directors and employees against any and all liability whatsoever arising from any/all damage to property or personal injury caused by exhibitor or his agents, representative, employees and other persons so identified.

In addition, Exhibitor acknowledges that ARLIS/NA and The Roosevelt Hotel do not maintain insurance covering Exhibitor's property and that it is the sole responsibility of Exhibitor to obtain business interruption and property damage insurance covering such losses by Exhibitor.

Authorized signature _____

Title _____ Date _____

Method of Payment

Check # _____ (payable to ARLIS/NA) Amount \$ _____
Credit Card Number _____ Expir. Date _____
Visa ___ M/C ___
Name as it appears on card _____
Signature (required) _____

Mail or fax completed application with payment to:
ARLIS/NA, 52 Silverbrook Drive, N.W., Calgary, AB, Canada. T3B 3H3. Fax:403-288-8382
(U.S. First-Class postage to Canada: \$0.60)

Booth Personnel Registration

(Exhibitors only – One form, together with Conference Events with/without Fees required for each company representative – Please make as many copies of this form as necessary)

Name: _____
First name or nickname preferred on badge: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Phone: (____) _____ Fax: (____) _____
E-mail: _____
In case of emergency contact: _____
Phone: (____) _____

Anticipated day/time of arrival: _____

Is this your 1st ARLIS/NA annual conference? ___ Yes ___ No

Total event fees (from “conference events with fees ” from page ???) \$ _____

TOTAL FEES (includes conference fees, special events, workshops and tours) \$ _____

Paid by:

<input type="checkbox"/> Check Make check or money order payable to “ARLIS/NA ” in U.S.funds
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD
Card Number: _____ Exp Date: _____
Name as it appears on card _____
Signature _____

Payment must accompany registration form and should be mailed to:

ARLIS/NA Annual Conference
52 Silverbrook Drive, Calgary, AB, Canada, T3B 3H3
Or FAX Registration form to 403-288-8382
(U.S. First-Class postage to Canada: \$0.60)