



EXHIBIT SPACE APPLICATION

Illinois Library Association Annual Conference & Exposition

October 7-8, 2009 • Peoria Civic Center • Peoria, Illinois

INSTRUCTIONS: Type or print this application. Complete all sections. **Sign and return this application including a payment check made payable to Illinois Library Association, P.O. Box 485, LaGrange, Illinois 60525-0485.**

Applications received on or prior to June 26, 2009 must include a **\$400 deposit per 10' x 10' booth, payable in U.S. funds** (minimum \$400). Applications received after June 26, 2009 must include **full payment**.

Upon assignment of space by Show Management, a booth space confirmation will be mailed to you.

COMPANY NAME _____

COMPANY NAME Continued _____

Please indicate under which letter of the alphabet you wish your company name to appear. _____

The KEY CONTACT PERSON listed below will receive ALL exhibitor communications.

KEY CONTACT PERSON/TITLE _____

KEY CONTACT PHONE NUMBER _____

KEY CONTACT FAX NUMBER _____

KEY CONTACT E-MAIL ADDRESS _____

KEY CONTACT MAILING ADDRESS

STREET ADDRESS _____

CITY/STATE/ZIP _____

COMPANY PHONE NO. _____

COMPANY FAX NO. _____

COMPANY WEB ADDRESS _____

1

EXHIBIT SPACE RENTAL: The space rental charge is \$950 per 10' x 10' booth. There is a \$50 charge for each exposed corner.

MEMBER: ILA members receive a 10% discount off of the total exhibit space rental charge.

CANCELLATION POLICY: Cancellations made in writing and postmarked prior to June 26, 2009 are subject to a \$100 processing fee. No refunds will be made after June 26, 2009.

2

LOCATION PREFERENCES: Please indicate the location and configuration of the booth space requested. Applications received without payment will not be processed.

1st Choice _____ 2nd Choice _____

3rd Choice _____ 4th Choice _____

NUMBER OF BOOTHS X \$ 950.00	AMOUNT \$
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NUMBER OF CORNERS X \$50.00	AMOUNT \$
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TOTAL AMOUNT \$

Deposit \$400 PER BOOTH DEPOSIT \$

3

We DO NOT want to be next to or across the aisle from:

4

PRODUCT CATEGORY:

Let us know how you categorize your product(s) and service(s). See selections listed with floor plan—choose no more than three.

PRODUCTS/SERVICES TO BE EXHIBITED:

This information will be used to describe your booth in the conference program book. Our exhibit will include (30 word limit using general terms):

5

METHOD OF PAYMENT:

ILA Federal Tax ID # 36-2324945

Check MasterCard Visa

In the amount of \$ _____

CARD NUMBER _____ EXPIRATION DATE _____

NAME AS IT APPEARS ON CARD _____

CARDHOLDER'S ADDRESS _____

CARDHOLDER'S SIGNATURE _____

6

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING THE EXPOSITION AS PRINTED ON THE REVERSE SIDE HEREOF AND WHICH ARE A PART OF THIS APPLICATION. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

DATE _____

AUTHORIZED SIGNATURE _____

TITLE _____

QUESTIONS? Corcoran Expositions, Inc.
Phone: 312-541-0567, Fax: 312-541-0573 or
E-mail: meagan@corcexpo.com

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