

Exhibit Space Reservation

(Exhibitors only)

Company Name _____

Contact Name _____

Address _____

City _____ State/Prov. _____ Zip/PC _____ Country _____

Phone _____ Fax _____

E – mail _____ Web site _____

Number of tables/booths requested _____

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

Exhibit Personnel (All representatives must complete a Exhibit Personnel Registration form.)

1. _____ 2. _____

Additional Exhibit Personnel (\$200 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: arlisna@mcphersonclarke.com

Descriptions must be received by March 1, 2008 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 (3’ x 6’ table)

Full Table Top Display (Book Artist)	\$750	\$ _____
1/2 Table Top Display (Book Artist)	\$400	\$ _____
Table Top Display (members)	\$850	\$ _____
Table Top Display (non-members)	\$1,000	\$ _____
Additional Table (cost per table)	\$400	\$ _____

BOOTH SPACE RENTAL

Members	\$1,000	\$ _____
Non-Members	\$1,150	\$ _____

OTHER

Additional Exhibit Personnel (\$200 per person)	(x _____ persons)	\$ _____
Literature Table (for profit company)*	\$250	\$ _____
Literature Table (non-profit company)*	\$150	\$ _____
Program Advertising – Type of Ad		\$ _____
Registration Kit insertion	\$300 (per insert)	\$ _____

Sponsorship

Event Requested _____

Total Enclosed: **US\$** _____

*May not exceed three single 8.5" by 11" sheets. For larger displays or insertions, please contact Debbie Apfeld: arlisna@mcphersonclarke.com

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(cont'd)

Terms of 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 Sheraton Colony Square 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 Grand Hyatt Denver 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 Grand Hyatt Denver 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 FOR EXHIBIT SPACE

Paid by:

Check # _____ Make check or money order payable to "ARLIS/NA " in U.S. funds

VISA MASTERCARD

Card Number _____ Expiry Date _____

Name as it appears on card _____

Signature (required) _____

METHOD OF PAYMENT FOR INDIVIDUAL FEE-BASED EVENTS/TOURS/WORKSHOPS

Paid by:

Check # _____ Make check or money order payable to "ARLIS/NA " in U.S. funds

VISA MASTERCARD

Card Number _____ Expiry Date _____

Name as it appears on card _____

Signature (required) _____

Exhibit Registration forms should be forwarded with payment to:

ARLIS/NA Annual Conference
c/o McPhersonClarke
201, 5403 Crowchild Trail NW
Calgary, Alberta, T3B 4Z1 Canada
T: +1 403 541 0911
F: +1 403 541 0915
E: info@mcphersonclarke.com

(Use US international postage to Canada)

Special Needs

In accordance with Title III of the Americans with Disabilities Act, ARLIS/NA seeks to make its meetings accessible to all. If you have a disability, which might require special accommodations to be made for you to participate in all or part of the conference, please explain below so that we can anticipate your needs, or e-mail needs to:

Debbie J. Block
Conference Manager
arlisna@mcphersonclarke.com