

NEW JERSEY LIBRARY ASSOCIATION

ANNUAL SPRING CONFERENCE

April 27 & April 28, 2010

Ocean Place Resort & Spa

One Ocean Boulevard

Long Branch, NJ 07740-6770

2010

For additional information....

Paula Baratta

973-733-7766

pbaratta@npl.org

Application for Exhibit Space

Please Print or Type

Company Name _____

(Give your Company's name exactly as you would like it to appear in the program)

Mailing Address _____

Telephone Number () _____ Website _____

Description of exhibit for placement (Check as many as apply):

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> Audio Books | <input type="checkbox"/> Children | <input type="checkbox"/> Equipment | <input type="checkbox"/> Security System |
| <input type="checkbox"/> Architects/Buildings | <input type="checkbox"/> Computers | <input type="checkbox"/> Furniture | <input type="checkbox"/> Software |
| <input type="checkbox"/> Automated Systems | <input type="checkbox"/> Consultants | <input type="checkbox"/> Periodicals | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Bindery/Prebound | <input type="checkbox"/> DVD/Video | <input type="checkbox"/> PR Materials | <input type="checkbox"/> OTHER (please list) |
| <input type="checkbox"/> Books | <input type="checkbox"/> Electronic Resources | <input type="checkbox"/> Reference | _____ |

Person to receive final information:

_____ () _____ ext. _____
Name Telephone Number

Mailing Address _____

City State Zip

Please prepare nametags for these company representatives:

Email address: _____

1. _____
2. _____
3. _____

COMPANY CONFIRMATION

Please reserve the following exhibit space:

- | |
|---|
| <input type="checkbox"/> Booth @ \$600 each |
| <input type="checkbox"/> 2 or more @ \$550 each |

Note: Additional items, for example electricity & internet connection, may be ordered. Info will be sent in March along with booth number.

Authorized signature

Print Name

Date Authorized

I prefer not to be located adjacent to: _____

**MAKE CHECKS PAYABLE TO
"New Jersey Library Association"**

VISA MASTERCARD AMEX

CARD HOLDER'S NAME _____

CARD # _____

EXP DATE _____

SIGNATURE _____

MAIL TO.....

NJLA

Spring Conference Exhibits

P.O. Box 1534

Trenton, NJ 08607

609-394-8032

FAX 609-394-8164

DEADLINE

February 16, 2010

Booth

Price.....\$_____

10% off for
Commercial

Members.....\$_____

Final

Price.....\$_____