

This is NOT an interactive form. Please print it out.

NORTH CAROLINA LIBRARY ASSOCIATION  
BIENNIAL CONFERENCE 2005  
September 21-23, 2005  
Benton Convention Center  
Winston-Salem, NC

EXHIBITOR REGISTRATION FORM

EXHIBITING FIRM/COMPANY: \_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

WEB ADDRESS(URL): \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

REPRESENTATIVES ATTENDING CONFERENCE (needed for badges):

\_\_\_\_\_

\_\_\_\_\_

SHORT DESCRIPTION OF FIRM (to appear with listing in program):

\_\_\_\_\_

\_\_\_\_\_

Booth sign should read (if different from company name): \_\_\_\_\_

\_\_\_\_\_

We wish to reserve and contract for booth(s) as indicated below. Full payment by check or credit card is enclosed.

\_\_\_\_\_ \$500 first booth

\_\_\_\_\_ \$450 each additional booth

\_\_\_\_\_ TOTAL \$ ENCLOSED

**Make check payable to: "NCLA 2005 Conference"**

Federal Tax Identification No. for NCLA: 56-6064053

Credit Card: Visa \_\_\_\_\_ or MasterCard \_\_\_\_\_ Name on Card: \_\_\_\_\_

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address: \_\_\_\_\_

Firms we DO wish as neighbors \_\_\_\_\_

\_\_\_\_\_

Firms we DO NOT wish as neighbors \_\_\_\_\_

\_\_\_\_\_

\* The Association will attempt to meet your preferences regarding the location of your booth, however, the Association reserves the right to make the booth assignments as necessary. Early registrants for the Conference will be given preference in determining booth location.

\* Refund requests cannot be honored after August 1, 2005.

\* Information received after August 1, 2005 will not appear in the printed conference program.

\* The NCLA Conference Planning Committee reserves the right to refuse exhibit space to any organization for any reason.

By signing this contract, I agree that the representatives of my company will accept and comply with the "[RULES AND REGULATIONS GOVERNING ALL EXHIBITS AND EXHIBITORS.](#)"

\_\_\_\_\_  
Signature (officer or representative)

\_\_\_\_\_  
Date

Make check payable to: "NCLA 2005 Conference"

RETURN SIGNED FORM AND PAYMENT IN FULL TO:

Steve Kelley , NCLA Exhibits Chair  
Z. Smith Reynolds Library, P.O. Box 7777  
Wake Forest University  
Winston-Salem, NC 27109

\_\_\_\_\_  
Phone: 336-758-5245  
FAX: 336-758-4652  
Email: nclaexhibits2005@wfu.edu

\_\_\_\_\_ [Office Use] \_\_\_\_\_

Application received: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_

Acknowledgement sent: \_\_\_\_\_ Booth assigned: \_\_\_\_\_