

**LLA 2011 ANNUAL CONFERENCE  
VENDOR EXHIBIT AGREEMENT**

Company or Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Name on Badge \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Representatives **attending** conference if different from contact person listed above:

1. Name \_\_\_\_\_ Name on Badge \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Representative Address (if different from above)

2. Name \_\_\_\_\_ Name on Badge \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Representative Address (if different from above)

Product or service to be exhibited \_\_\_\_\_ **Preferred Booth Assignment** \_\_\_\_\_

**Tentative Exhibit Schedule:**

Exhibit Setup: Wednesday, March 16, 2011, 12:00 PM –4:00 PM

Exhibits Open: Thursday, March 17, 2011, 9:00 AM—5:00 PM and Friday, March 18, 2011, 8:00 AM—1:00 PM

Exhibits Breakdown: Friday, March 18, 2011, 1:00-2:00 PM

**Exhibit Fee:** The cost of one booth is \$500.00. The exhibit fee covers up to two representatives. Additional badges are available for \$10.00 each. Please print the additional names here:

\_\_\_\_\_

**Exhibit Services Contractor:** The internet and electrical services request forms are included in your packet. Please complete and return with your agreement.

Does your company need a free booth identification-by-name sign?  Yes  No

Company name for free sign \_\_\_\_\_

**Please Reserve \_\_\_\_\_ Exhibit Booths for my company at \$500.00 each, plus \_\_\_\_\_ extra names badges at \$10.00 each.**

By execution of this agreement, Exhibitor agrees to lease space at the 2011 LLA annual conference. This contract is subject to terms and conditions as stated above. LLA will make every effort to make booth assignments according to your stated preference, however we cannot guarantee preferred booth assignment. By signature on this contract, Exhibitor agrees to abide by the contract terms and conditions and LLA Rules and Regulations.

Signature \_\_\_\_\_

Printed Name and Position \_\_\_\_\_

Date \_\_\_\_\_

**Please sign and return this form, with payment or credit card information, to:**

Jackie Choate  
LLA Conference Exhibits Chair  
1602 W. Third St., Kaplan, LA 70548  
Phone (337) 412-7366 or (337) 643-7187  
**Make Check Payable to the Louisiana Library Association.**

**Payment Method:** \_\_\_\_\_ **Check Enclosed** \_\_\_\_\_ **Visa** \_\_\_\_\_ **MasterCard**

**Credit Card No.** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **Amount to be charged: \$** \_\_\_\_\_

**Print name on Credit Card :** \_\_\_\_\_ **Signature:** \_\_\_\_\_

*OFFICE USE ONLY:* Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ CC auth: \_\_\_\_\_

