



HSLI Annual Conference
October 29-30, 2009
Vendor Registration

Please complete one form per vendor table or in-kind donation.

Name of Business: _____

Contact Person: _____

Address: _____ City/State/Zip: _____

Name of exhibitor receiving waived conference registration, with email address

Additional exhibitors attending

Signature

Date

To register for an exhibitor table and/or sponsorship opportunities, please check the appropriate boxes.

- Display table during reception -- \$250
- Breakfast Thursday, October 29 -- \$1,000 sponsorship
- Morning Breaks Thursday, October 29 -- \$500 sponsorship (two available)
- Afternoon Break Thursday, October 29 -- \$500 sponsorship
- Nancy's Reception Thursday Evening, October 29 -- \$1500 sponsorship
- Breakfast Friday, October 30 -- \$1,000 sponsorship
- Door Prize donation

Please submit this form with your check payable to HSLI by October 16th to:

Molly Horio
Health Sciences Library
BroMenn Healthcare
1304 Franklin Avenue
Normal, IL 61761

