

**Registration for Exhibitors and Sponsors  
Health Science Librarians of Illinois  
Annual Conference  
November 9-11, 2016 St. Charles, Illinois**



**Exhibitor Contract of Agreement**

Please return completed and signed forms with remittance by  
September 30, 2016 to the Exhibit Chairperson- Daneen Richardson

Amount Remitted:

	Total
Vendor Registration	\$350
Keynote	\$1,250
Nancy's Reception/Exhibits - Thursday evening	\$1,250
Lunch - Circle Thursday or Friday *	\$1,200
Breakfast - Circle Thursday or Friday *	\$800
Board Meeting	\$800
Continuing Education Sponsorship (4 )	\$700
Poster Session - Thursday	\$500
Afternoon Break - Thursday	\$350
Materials Only Exhibiting	\$200
Please register each additional company representative	\$65
Late Fee <i>After October 15, 2016</i>	\$100
<b>Total</b>	<b>_____</b>

(#) = number of opportunities to sponsor \* = sponsorship allows for presentation time

Full sponsorship of Breakfast & Lunch 30 min. - presentation time, 1/2 sponsorship - 15 min. presentation. All sponsorships includes signage at the event and additional promotion on our website.

Company Name

Date

Exhibitor's Company authorized representative:

E-mail address

Signature of Exhibitor's Company authorized representative:

Phone number

Signature of HSLI authorized representative:

Date

**Please return this form to the Exhibit Chairperson by September 30, 2016.**

Mail to: Daneen Richardson  
Health Sciences/Science Librarian  
Leslie F. Malpass Library 267  
1 University Circle  
Macomb, IL 61455-1390  
[D-Richardson2@wiu.edu](mailto:D-Richardson2@wiu.edu)  
(309) 298-2736 voice

You will receive a scanned copy after payment has been received and the HSLI authorized representative has signed the document.

Please complete vendor representative information for registration purposes.

\_\_\_\_\_  
Company Name \_\_\_\_\_  
Date

\_\_\_\_\_  
**Representative 1** (Primary exhibitor - included in exhibiting fee) \_\_\_\_\_  
Contact Person (if different than representative)

\_\_\_\_\_  
Phone - Can be reached at during conference \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail

\_\_\_\_\_ # of additional representatives attending, please include \$65 to cover food expenses for each.

\_\_\_\_\_  
**Representative 2** (Person exhibiting) \_\_\_\_\_  
Contact Person (if different than representative)

\_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail

\_\_\_\_\_  
**Representative 3** (Person exhibiting) \_\_\_\_\_  
Contact Person (if different than representative)

\_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
E-mail

Please complete the following steps to assist us in meeting your needs.

\_\_\_\_\_ Sign and return contract. Checks should be made payable to HSLI before September 30, 2016.

\_\_\_\_\_ Email a .jpg of your logo to be placed on the conference website and other conference materials

\_\_\_\_\_ Complete AV needs checklist.

\_\_\_\_\_ We will bring or ship in advance an item(s) that will be raffled during the exhibit reception on Saturday evening or at the close of exhibits on Sunday.

\_\_\_\_\_ We will be holding a silent auction for our scholarship fund if you would like to donate an item to it.

\_\_\_\_\_ We would like to remit electronically via PayPal.

Presentation sponsorships are scheduled when payment is received.

**Checks should be payable to HSLI**

Please forward payment to Daneen Richardson at the address below. Please check out our conference website at <http://hsl.org/conference/>. As the conference gets closer the site will populate with more information,

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