

## Vendor Information and Application Form for NAHSL 2008

DoubleTree Hotel, Lowell Massachusetts

Conference Dates: October 19-21, 2008

Exhibit Day: Monday, October 20, 2008

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Name/Position of Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

URL \_\_\_\_\_

Name/e-mail of 1<sup>st</sup> exhibitor \_\_\_\_\_

Name /e-mail 2<sup>nd</sup> exhibitor \_\_\_\_\_

Will you need a phone line \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you need an Internet connection \_\_\_\_\_ Yes \_\_\_\_\_ No

### Welcome Reception:

**Sunday Evening, October 19, 2008 Boot Cotton Mills Museum, Lowell National Park - Lowell, MA**

\_\_\_\_\_ Number of representatives planning to attend the welcome reception (No charge)

**Basic Registration Fee** (includes up to two representatives) \$475.00

Additional representatives (\$50.00 for each additional representative) \_\_\_\_\_ # of reps x \$50.00 \_\_\_\_\_

Representatives attending optional banquet on Monday, Oct. 20, 2008  
(\$50.00 for each representative attending banquet) \_\_\_\_\_ # of reps x \$50.00 \_\_\_\_\_

Dinner choices will be e-mailed to you at a later date

Total registration fees \_\_\_\_\_

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A confirmation letter will be sent after receipt of this application form.

**For hotel accommodations please call the DoubleTree Hotel at 978-452-1200 and ask for North Atlantic Health Sciences Libraries room block.**

Please return this completed form with check payable to **NAHSL** to:

**Martha Prescott  
Berkshire Medical Center  
Health Sciences Library ILL  
725 North Street  
Pittsfield , MA 01201**

Questions? Contact Martha Prescott at 413-447-2734 or [medlib@bhs1.org](mailto:medlib@bhs1.org)