

Vendor Information and Application Form for NAHSL 2009

Samoset Resort, Rockport, Maine

Conference Dates: October 25-27, 2009

Exhibit Day: Monday, October 26, 2009

Name of Company _____

Address _____

Name/Position of Contact Person _____

Phone _____ Fax _____ E-Mail _____

URL _____

Name/e-mail of 1st exhibitor _____

Name /e-mail 2nd exhibitor _____

Name /e-mail 3rd exhibitor _____

Check if you need:

Power (\$25 per booth) _____ Yes _____ No

Mini Spot Light (\$15 ea.) _____ Yes _____ No

Display Easel (\$10 ea.) _____ Yes _____ No

Internet connection is free (wireless only) . You may obtain the access code at the hotel front desk.

Let me know if you will require any other equipment and I will get you a quote.

Welcome Reception:

Sunday Evening, October 25, 2009 Owls Head Transportation Museum, Owls Head, ME

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

Basic Exhibitor 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. 26, 2009
(\$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 A/V and equipment fees _____

Total registration fees _____

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

For hotel accommodations please call the Samoset Resort at 1-800-341-1650 or 207-594-2511 and ask for NAHSL North Atlantic Health Sciences Libraries room block.

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

**Deborah Clark
Health Sciences Library
Stephens Memorial Hospital
181 Main St.
Norway , ME 04268**

Questions? Contact Deb Clark at 207-743-5933 or clarkd@wmhcc.org