Midcontinental Chapter of the Medical Library Association

**Annual Meeting - October 6-9, 2010**

Exhibit Day is Friday, October 8th 10:30am to 4:00pm
Hotel at Old Town Conference Center - Wichita, KS

**Application for Exhibit Space - Deadline is June 15, 2010**

In accordance with the terms of the contract, the organization below contracts for exhibit space offered by the Annual Meeting of the Midcontinental Chapter to be held at the Hotel at Old Town, 830 E. 1st Street, Wichita, Kansas 67202

**Exhibit Day is Friday, October 8th 10:30am to 4:00pm**

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In accordance with the regulations outlined in the Exhibit Rules, Regulations, and Information, I hereby accept the terms and conditions for exhibiting at the Annual Meeting. This completed form represents a binding agreement between the exhibitor and the Midcontinental Chapter of the Medical Library Association.

| Signature | Date: | |

Print the company name as you want it on the sign:

Names of representatives attending: *(Please note fees for additional representatives below)* PLEASE PRINT

1. Name | email | phone
2. Name | email | phone
3. Name | email | phone

**Due by June 15, 2010**

**Exhibit fee includes:**
- Welcome Reception (Thursday, October 7th)
- One 1-day meeting registration (Friday, October 8th)
- Exhibitor Lunch (where you’ll get to introduce yourself to attendees and host a table)
- One 6’ x 30” Table-Top exhibit space with 2 chairs, Wireless Internet connection

**EXHIBIT FEE $500 -- Late Registration (after June 15) $550**

| Additional fees for more than one representative (please note number) | |
|---|---|---|
| Welcome Reception Ticket (October 7, 2010) | _____ (complimentary) | |
| One-day registration (October 8, 2010) | _____ x $145 = $_____ | |
| Full conference registration (October 6-9, 2010) | _____ x $275 = $_____ | |
| TOTAL AMOUNT ENCLOSED | $_____ | |

**NO REFUNDS FOR CANCELLATIONS** - Full payment must be received by June 15, 2010 to receive early bird rate

Please make check payable to: **MCMLA 2010**

Send payment and forms to: **Sue Fleming, MLS**
**Co-Chair MCMLA 2010**
**Via Christi Libraries**
**Via Christi Hospitals Wichita, Inc.**
**929 N. St. Francis**
**Wichita, KS 67214**
Vendor/Company Name: _____________________________________________________________
Contact Person: ___________________________________________________________________
Phone ____________________________      Fax ____________________________
On-Site Contact Person: ________________________________ Phone _______________________

Vegetarian Meal Required (Please note number): ______
Other Dietary Restrictions (Please list and note number): ____________________________________

Exhibit area is located at the Hotel at Old Town Conference Center
   Set up time:  Friday (10-8) 7:00 am with the Exhibit Area opening at 10:30 am.
   Exhibits will close at 4:00 pm.

Equipment needed for Booth:
   (Included in the MCMLA Exhibit Fee:  One 6’ x 30” Table-Top exhibit space with 2 chairs, Wireless
   Internet connection)

Please list any other requirements: (electrical outlets, extra chairs, etc.)

Exhibit items shipped to the Conference Center:
   (Items will be delivered to exhibit area Friday morning by 7:00 am.)

SHIP TO:
   HOLD FOR: ____________________________ (Group name & Contact person)
   MCMLA 2010
   C/O Cindi Cook
   Hotel at Old Town Conference Center
   210 North Mosley
   Wichita, Kansas  67202

Number of items being shipped: _____________