

**2005 PNC/MLA EXHIBITOR SPACE APPLICATION**

**Medical Libraries: Core of Discovery**

**October 15-18, 2005**

The Governor Hotel

<http://www.govhotel.com>

**Instructions:** Please complete this application in full. Upon assignment of space by PNC/MLA, you will receive email confirmation. Sign and return this application along with the appropriate deposit to:  
**PNC/MLA 2005 c/o Ann H. Haines, Director, Kaiser Permanente NW Regional Library, Kaiser Sunnyside Medical Center, 10180 SE Sunnyside Road, Clackamas, OR 97015**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

**SPACE SELECTION AND PAYMENT**

*Exhibitor Application:*

- Received prior to July 31, 2005 (must be postmarked by July 31, 2005). Space rental charge is \$400.00 for one 6' draped table. This includes one "All Inclusive" registration. If a second table is required, the charge will be \$275.00 for the additional table.
- Received after July 31, 2005, space rental charge is \$450.00 for one 6' draped table, \$300.00 for the second table.

*Exhibitor Setup/Breakdown:*

Scheduled for Sunday, October 16, 2005 between 6:00 a.m.-9:00 p.m. Exhibits are expected to be open from 7:30 a.m.-5:00 p.m. on Monday, October 17, 2005. Breakdown scheduled between 5:00 p.m.-6:00 p.m. on Monday, October 17-2005

A 50% deposit must accompany this contract. Invoices for the balance will be mailed August 1, 2005 with full payment due August 31, 2005. Applications submitted after August 1<sup>st</sup> must be accompanied by full payment. If notification of cancellation is received by August 31, 2005 A refund less a \$50.00 cancellation fee will be issued. **No refunds will be made after September 1, 2005.**

Reserve one table \$ \_\_\_\_\_  
Reserve a second table \$ \_\_\_\_\_  
Lunch Sponsor (\$1200) \$ \_\_\_\_\_  
Break Sponsor (\$280) \$ \_\_\_\_\_

Help us meet your needs. Please check if you need:  
Electrical: Yes \_\_\_ No \_\_\_  
Telephone: Yes \_\_\_ No \_\_\_  
Internet: Yes \_\_\_ No \_\_\_

**TOTAL FEE DUE** \$ \_\_\_\_\_

**Interested in providing a door prize?**   
Questions? Please contact Ann Haines  
ann.h.haines@kp.org 503-571-4293

\_\_\_ Full payment enclosed  
\_\_\_ 50% deposit enclosed, invoice for the balance

**PROGRAM LISTING INFORMATION**

List your firm's name exactly how it should appear in the Conference Program:

Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Web site: \_\_\_\_\_

*We agree to abide by the rules and regulations governing the conference which are part of application, acceptance of this application by PNC/MLA constitutes a contract. The PNC assumes no liability for lost or damaged property. Exhibitor assumes responsibility and agrees to indemnify and defend the PNC/MLA and The Governor Hotel and their respective employees and agents against any claims or expenses arising out of the use of exhibition premises. The exhibitor understands that neither the PNC/MLA nor Governor Hotel maintain insurance covering the exhibitor's property and it is the sole responsibility of the exhibitor to obtain such insurance.*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY			
Date received	Postmarked	Check amount	Check number
Invoice sent	Balance received date	Check amount	Check number
Confirmation sent	PNC/MLA Exhibit Space assigned		