

MID-ATLANTIC CHAPTER
MEDICAL LIBRARY ASSOCIATION
2008 Annual Meeting
Waterfront Place Hotel
Morgantown, WV
October 21, 2008

Exhibitor/Sponsor Application

(Please print this form and submit with payment to the address below)

Company/Organization _____

Contact Person (for billing) _____

Address _____

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Company/Organization representatives attending booth

Name _____

Title _____ email _____

Name _____

Title _____ email _____

Please indicate your participation interests below:

Exhibit at the conference: _____ \$425 for booth with table, drapery, chairs and electricity

Internet access: The hotel has free Internet wireless access.

Advertise in the program: _____ Full Page (\$125) _____ Half Page (\$75)

_____ Back Inside Cover (\$250) _____ Back Cover (\$300)

Sponsorship Opportunity (see attached opportunities) amount: \$ _____

Levels:

Platinum Level \$1,500 – up
Gold Level \$1,000- \$1,499
Silver Level \$500-999

Enclosed is a check for \$_____ made payable to **MAC/MLA**.

Return this **form and check** by **July 13, 2008** to:

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