



Florida Health Sciences Library Association Annual Meeting - May 28-30, 2008

Renaissance Vinoy Resort and Golf Club
501 5th Avenue NE
St. Petersburg, Florida 33701
www.vinoyrenaissanceresort.com
For hotel reservations: 1-888-303-4430

Exhibitor and Sponsor Registration Form

Company Name: _____
Company Contact: _____
Company Contact Email: _____
Will there be a representative attending the meeting? Yes _____ No _____
Conference Attendee Name: _____
Address: _____

City / State / Zip: _____
Phone: _____ Fax: _____
Email: _____

Exhibitor Fee of \$150.00 includes the banquet, hors d'oeuvres reception & breakfast for one person. Three vendor exhibit times are planned: Thursday, May 29 from 2-5 pm, hors d'oeuvres reception from 6-7 pm; Breakfast with Vendors, May 30 from 8:00-9:30 am.

_____ I will be an exhibitor
_____ I will attend the Thursday night banquet

Note: Costs for Internet access, extension cords, power strips, screens, etc. will be the responsibility of the exhibitor. See attached hotel exhibitor form for prices.

_____ I will need Internet access _____ I will need to ship boxes to the hotel

Sponsorship Levels: We appreciate your contributions in support of our meeting. Your donations will be acknowledged in the meeting program and at the business meeting.

_____ \$200.00 Bronze _____ \$600.00 Hors d'oeuvres Reception
_____ \$300.00 Silver
_____ \$400.00 Gold
_____ \$500.00 Platinum

Item Donations

_____ I will donate items for raffle _____ I will donate printed logo tote bags
_____ I will donate items for conference bags

Checks are to be made payable to FHSLA (FEIN: 59-2829362)

Please send this form and donation check (US dollars only) and donation items for conference bags or raffle by May 12th to Barbara at the address below.

Barbara Wood, Shimberg Health Sciences Library, University of South Florida, 12901 Bruce B. Downs Blvd., MDC 31, Tampa, FL 33612-4799 -- bawood@healthlib.usf.edu -- (813) 974-7907 -- (813) 974-1403 fax