



Exhibitor Registration Form

ASOR 2008 Annual Meeting, Boston, MA
Westin Waterfront Hotel, November 19–22, 2008

Company _____ Contact Person _____
E-mail _____ Phone Number _____

Table information

We wish to reserve:

_____ Half of a table (up to ten titles) for \$150.00

_____ (number of) Full tables for \$200 per table

_____ **TOTAL AMOUNT DUE**

A \$100 non-refundable fee will hold your reservation; balance is due 60 days prior to the meeting.

Representatives

_____ Number of registrations (name badges) required

We are pleased to offer up to one free registration for staff of publishers for each paid full table.

_____ We are not sending a representative to the conference

Name for badge: _____

Name for badge: _____

Name for badge: _____

Name for badge: _____

Other Information

_____ We would like ASOR to setup and dismantle our display
If you do not plan to have a representative on site, we will be pleased to set up the display for you.

_____ We would like ASOR to ship our books back to us
If you wish your books returned, please provide a prepaid mailer or a Fed Ex or UPS account number.

_____ We would like ASOR to donate our books
ASOR will donate them to *either* the ASOR library or a library at Boston University.

I have read, understand, and accept all the terms and conditions of this application and accompanying Exhibitor information page.

Signature _____ Print Name _____ Title _____ Date _____