

2010 ARSC CONFERENCE REGISTRATION

Name _____ Is this your first ARSC conference? _____

Institution (if applicable) _____ Position _____

Street Address _____

City _____ State _____ Country _____ Zip _____

Phone _____ Email _____ (Required for confirmation)

	Early Registration ¹ Members/Non-Members	Late or On-site Registration Members/Non-Members	SUBTOTAL
Full Conference	\$145 / 170	\$170 / 195	\$ _____
Single Day ²	\$50 / 58	\$58 / 65	\$ _____
<i>Indicate day attending (select one):</i> Thurs. May 20 ___ Fri. May 21 ___ Sat. May 22 ___			
Student / Non-member Spouse or Partner (Partner's Name _____)			
Full Conference	\$85	\$95	\$ _____
Single Day ²	\$30	\$35	\$ _____
<i>Indicate day attending (select one):</i> Thurs. May 20 ___ Fri. May 21 ___ Sat. May 22 ___			
Pre-conference Workshop	\$75 / 85	\$85 / 100	\$ _____
Student rate	\$40	\$45	\$ _____
Saturday Night Banquet Tickets _____ x \$50			\$ _____
(Select entrée) ___ Chicken ___ Fish/Shellfish ___ Vegetarian			
Indicate any dietary restrictions: _____			
Opening Reception			
_____ x FREE (I/We registered for the conference and plan to attend the reception)			\$ _____
_____ x \$15 (For guests not registered for the conference)			\$ _____
Join ARSC now and get the Member's Conference Registration rate, all other member benefits			
New Individual	\$45 _____	New Institutional	\$65 _____
Individual Renewal	\$45 _____	Institutional Renewal	\$65 _____
Student (full-time, in residence; enclose copy of student ID)	\$20 _____		\$ _____

1 Early registrations must be postmarked by **Tuesday April 27, 2010**; no refunds will be given after May 14

2 Single day registration is good for one day only; two or more days requires full registration

Total Enclosed \$ _____

If paying by credit card, please complete the following:

Visa Mastercard Discover AmericanExpress Card number: _____

Expiration date: _____ VIN (3-4 digit number on the back of your card): _____

First name on card: _____ Last name on card: _____

Billing address (if different from above): _____

Return this form with credit card information, check or money order payable to ARSC to:

Nathan Georgitis • Knight Library • 1299 University of Oregon • Eugene, OR 97403
Phone: 541-346-1852 • Fax: 541-346-3485 • nathan_georgitis@hotmail.com

2010 ARSC CONFERENCE

Exhibitor Application

The Exhibit Room is always one of the liveliest spots at the ARSC Conference with coffee breaks, vendor exhibits and the Silent Auction in full swing. The Exhibit Room will be open from Thursday morning through Saturday afternoon and will be secured at night. Exhibiting at the ARSC Conference is an excellent way to showcase your products and services to archivists, librarians, audio engineers and collectors. Exhibitors are also listed in the program and on the web site. A table will be reserved to display ARSC member publications free of charge!

There are several ways that vendors can participate. Choose the plan best fits your needs:

- Standard 6' skirted tables are available for exhibitors who wish to send representatives. The cost is \$150 for the first table and \$50 for each additional table. The conference registration fee is waived for one representative; additional representatives should complete the form on the verso and submit the appropriate payment. *Additional fees may apply for wireless internet access, drop shipments, etc.* Please register any special needs below, including access to power outlets.
Number of Tables _____ \$ _____

- For publishers who would like to send materials without a representative, we can set up tables for you. Orders will be taken on forms provided by the exhibitor. Display copies will be sold in the Silent Auction, with proceeds going to ARSC. The cost is \$75 for a half table, \$150 for a full table and \$50 for each additional table.
Number of Tables _____ \$ _____

- Publishers or authors who want to display single books may do so at a cost of \$15 per book. Order forms provided by the exhibitor will be included on the table, and the display copies will be sold in the Silent Auction.
Number of Books _____ \$ _____

- Vendors who would like to provide materials for the conference packets may do so for a \$100 insertion fee. If you include more than one item, please bundle your insertions into a single holder (envelope, folder, bag, etc.)
\$ _____

- Ads may also be placed in the Conference Program as follows: \$100 full page, \$75 half page; \$50 quarter page
Ad size _____ \$ _____

- **Vendors who choose to participate as Conference Sponsors may receive these benefits and more, depending on the level chosen!** (Contact the Conference Manager at the address below for details.)

Sponsorship Level _____ \$ _____

Company Name (as you wish it listed in the program) _____

Representative's Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Special Needs (including access to electrical outlets and internet):

Please follow the information on the reverse side of this form for making payments by credit card. Vendors may also wish to register for the banquet and other events.

<p><i>To reserve your exhibit space, return completed form and payment to:</i></p> <p>Nathan Georgitis (Conference Registrar) Knight Library 1299 University of Oregon Eugene, OR 97403</p> <p>541-346-1852; Fax: 541-346-3485 nathan_georgitis@hotmail.com</p>	<p><i>For technical assistance and information about drop shipments, contact:</i></p> <p>Kurt Nauck (Sponsors & Exhibitors Manager)</p> <p>Nauck@78rpm.com 281-288-7826</p>
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