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E-Book 2000 EXHIBITOR REGISTRATION FORM

Please reserve the following exhibitor space:

___ 10' x 10' booth (\$2,100) ___ 10' x 20' booth (\$4,000) ___ Table Top (\$1,000)

Ordered by: _____

Company name: _____

Telephone: _____ Fax: _____

Email: _____

Address: _____

City, State, Zip: _____

Company representatives staffing the exhibit: _____

Payment in full must accompany your Exhibitor Registration form. Payment must be in U.S. dollars payable to: NISO. Visa, MasterCard, or American Express credit cards are accepted. Payment must be received by NISO by August 1, 2000. If payment is not received, NISO will not assign booth space. If the Exhibitor Registration Form is received after all space is exhausted, the payment will be refunded.

Credit card type (please circle): MasterCard VISA American Express

Name on credit card: _____

Credit card #: _____ Exp. Date: _____

Please complete this form and mail or fax with payment to:

Jane Thomson, NISO, 4733 Bethesda Avenue, Suite 300, Bethesda, MD 20814

Tel: 301-654-2512, Fax: 301-654-1721, Email: jthomson@niso.org