

**Life Services Network
2009 Annual Convention & Exposition
March 25-27, 2009
Contract**

Please complete both sides of this application

Correspondence Address/Contact

All correspondence before and after the tradeshow is to be sent to the following person:

Organization _____

Contact Name Title _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email _____

List company/contact information as it should read in the Directory of Exhibitors (Attendees keep and use this program as a resource for selecting new vendors.)

Organization _____

Contact Name Title _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email _____

URL _____

Exhibit Identification Sign Should Read (limit 40 characters):

Booth Location

Please indicate your booth choices below. For booth location, refer to the enclosed floor plan. These preferences are guidelines and are not guaranteed by LSN. All booth assignments are made on a first come, first served basis upon receipt of contract and deposit.

1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____

Location Preference

I do not want to be in the proximity of the following companies and/or products:

I do want to be in the proximity of the following companies and/or products:



BOOTH PRICING (all booths are 10' x 10')
Booth cost includes space and sign only
Circle One

LSN Members*

Booth Size	Early Bird** Rate	Regular Rate
One Corner Booth	\$1445	\$1595
One Aisle Booth	\$1195	\$1345

Non-Members*

Booth Size	Early Bird** Rate	Regular Rate
One Corner Booth	\$1645	\$1795
One Aisle Booth	\$1395	\$1545

***LSN Business Membership dues are \$450 annually. In addition to reduced exhibition rates, LSN members are entitled to many other benefits throughout the year. Join now and exhibit at member rates!**

****Early Bird Rates expire September 30, 2008. Organizations booking exhibit space after September 30th must pay the regular rate.**

CATEGORICAL LISTING

Please indicate which category you would like to be listed under in the Directory of Exhibitors. **You may only select one.**

- | | |
|---|---|
| <input type="checkbox"/> Accounting/Financial Services | <input type="checkbox"/> Insurance Services |
| <input type="checkbox"/> Advertising/Marketing/PR | <input type="checkbox"/> Interior Design |
| <input type="checkbox"/> Alarm/Security Services | <input type="checkbox"/> Janitorial/Maintenance |
| <input type="checkbox"/> Architectural Planning & Design | <input type="checkbox"/> Laboratory Services |
| <input type="checkbox"/> Clothing/Textiles/Laundry & Linen Management | <input type="checkbox"/> Landscape Architects/Land Planners |
| <input type="checkbox"/> Computer Hardware/Software | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Construction Services & Remodeling | <input type="checkbox"/> Marketing Feasibility Consultants/Strategic Planning |
| <input type="checkbox"/> Décor/Furniture | <input type="checkbox"/> Medical Equipment Companies |
| <input type="checkbox"/> Developer | <input type="checkbox"/> Not-for-Profit Organizations/Professional Associations |
| <input type="checkbox"/> Diagnostic Services | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Pharmacy Suppliers and Services |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Professional/Medical Services |
| <input type="checkbox"/> Employee Benefit Services | <input type="checkbox"/> Publisher/Printer |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Real Estate Brokerage |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Resident Activity Providers |
| <input type="checkbox"/> Food Service/ Dietary Management | <input type="checkbox"/> Risk Management & LTC Consultation |
| <input type="checkbox"/> Healthcare Consulting | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Home Health Care Providers | <input type="checkbox"/> Therapy Services |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Incontinence Skin Care Products and Services | <input type="checkbox"/> Turnaround Management & Consulting |
| <input type="checkbox"/> Information Technology Consulting | |

DESCRIPTION OF PRODUCT OR SERVICE FOR DIRECTORY OF EXHIBITORS (limit 50 words)

<p>TOTALS</p> <p>\$ _____ Booth Rental</p> <p>\$ _____ Deposit (minimum of 50% required to reserve booth). Non-refundable.</p> <p>\$ _____ \$250 Grand Prize Raffle Sponsor (Optional - you receive a Traffic Builder in your booth)</p> <p>\$ _____ TOTAL ENCLOSED</p>	<p>Make checks payable to LSN Foundation and send to:</p> <p>Life Services Network 911 North Elm Street, Suite 228 Hinsdale, IL 60521 630.325.6170 phone 630.325.0749 fax</p>
<p>Please charge my:</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard</p> <p>Card Number _____</p> <p>Name on Card _____</p> <p>Expiration Date _____</p> <p>Signature _____</p>	

AGREEMENT

The company listed herein authorizes Life Services Network to reserve exhibit space in the LSN 2009 Annual Convention March 25 - 27, 2009 at Navy Pier, Chicago, IL. It is understood that my deposit is non-refundable and that the balance of the total booth rental is due no later than February 1, 2009. If payment is not made by this date, LSN reserves the right to release my booth and resell it.

Signature of person completing this contract _____

Date _____

Both pages of this contract must be mailed or faxed