

**Life Services Network
2008 Annual Convention
& Exposition Contract**

Please complete both sides of this application

CORRESPONDENCE ADDRESS/CONTACT

Please type clearly

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.

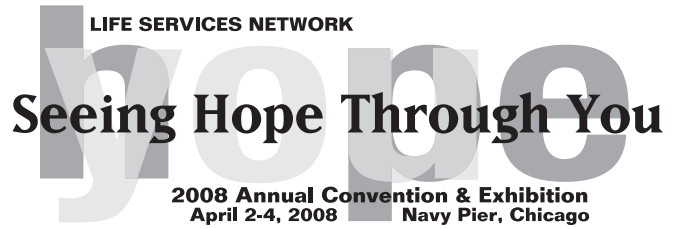
1st choice _____ 3rd choice _____

2nd 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')

LSN Members*

Booth Size	Early Bird** Rate	Regular Rate
One In-line Booth	\$1195	\$1345
One Preferred Visibility Booth	\$1395	\$1545
<small>(These booths are defined as corner booths, booths facing the food service area or booths next to a desert station.)</small>		
Two In-line Booths	\$1995	\$2145
One Preferred Visibility Booth & One In-line Booth	\$2195	\$2345
Two Preferred Visibility Booths	\$2395	\$2545

Non-Members

Booth Size	Early Bird** Rate	Regular Rate
One In-line Booth	\$1395	\$1545
One Preferred Visibility Booth	\$1595	\$1745
Two In-line Booths	\$2395	\$2545
One Preferred Visibility Booth & One In-line Booth	\$2595	\$2745
Two Preferred Visibility Booths	\$2795	\$2945

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

**Early Bird Rates expire December 17, 2007. Organizations booking exhibit space after December 17th must pay the regular exhibit 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"/> Employee Benefit Services | <input type="checkbox"/> Professional/Medical Services |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Publisher/Printer |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Real Estate Brokerage |
| <input type="checkbox"/> Food Service/ Dietary Management | <input type="checkbox"/> Resident Activity Providers |
| <input type="checkbox"/> Healthcare Consulting | <input type="checkbox"/> Risk Management & LTC Consultation |
| <input type="checkbox"/> Home Health Care Providers | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Therapy Services |
| <input type="checkbox"/> Incontinence Skin Care Products and Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Information Technology Consulting | <input type="checkbox"/> Turnaround Management & Consulting |

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

TOTALS

\$ _____ Booth Rental

\$ _____ Deposit (minimum of 50% required to reserve booth). Deposit is non-refundable

\$ _____ \$40 Grand Prize Raffle Sponsor
(Optional – you will receive a Traffic Builder in your booth and recognition of your donation in the Directory of Exhibitors)

\$ _____ **TOTAL ENCLOSED**

Please make checks payable to LSN Foundation and send to:

Life Services Network
911 North Elm Street, Suite 228
Hinsdale, IL 60521
630.325.6170 phone
630.325.0749 fax

LSN also accepts MasterCard, VISA, Discover and American Express (sorry, LSN does not accept Diner's Club).

Please charge my:

MasterCard VISA Discover American Express

Card Number _____

Expiration Date _____

Signature _____

AGREEMENT

The company listed herein authorizes Life Services Network to reserve exhibit space in the LSN 2008 Annual Convention and Exposition to be held April 2-4, 2008 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, 2008. 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