

**EXHIBITOR Registration Form**  
**2017 NEIBA Fall Conference & Annual Meeting**  
September 18-20, 2017  
Rhode Island Convention Center, Providence RI

For Office Use:  
Date Rec'd \_\_\_\_\_  
Check#/Amt \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

All Badges and events tickets can be picked up at the Registration Desk.

**A. EXHIBITOR BADGES**

Please print clearly the names exactly as they should appear on badges.

**2 free badges per table**

(in addition NEIBA members receive 4 free badges)

# \_\_\_\_\_ Tables ordered = \_\_\_\_\_ Free badges

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

4. Name \_\_\_\_\_

5. Name \_\_\_\_\_

6. Name \_\_\_\_\_

7. Name \_\_\_\_\_

8. Name \_\_\_\_\_

9. Name \_\_\_\_\_

10. Name \_\_\_\_\_

# Extra Exhibitor Badges \_\_\_\_\_ x \$35 = \$ \_\_\_\_\_ (please enter amount over)

(continued on reverse)

## B. MEAL FUNCTION TICKETS

	Quantity	Amount Due	# Vegetarian
Tuesday	Children's Breakfast Buffet _____ x \$30 = \$_____		
	(Holly Black, Matt De La Pena & Loren Long, Justina Ireland)		
Tuesday	Awards Banquet _____ x \$45 = \$_____		_____
Wednesday	Author Breakfast Buffet _____ x \$30 = \$_____		
	(John U. Bacon, Greg Pardlo, Sherri Duskey Rinker & John Rocco, Emily Sweeney)		
Wednesday	Keynote Lunch _____ x \$30 = \$_____		
	(John Hodgman)		
	Meal Function Tickets Subtotal	\$_____	

## C. PAYMENT

***There will be no refunds after September 13, 2017***

Additional Exhibitor Badges \$\_\_\_\_\_

Meal Function Tickets \$\_\_\_\_\_

**TOTAL DUE \$\_\_\_\_\_**

## REGISTRATION DEADLINE

### September 13, 2017

\_\_\_ Check enclosed Make checks payable to New England Independent Booksellers Association

Credit Card: \_\_\_ MC/Visa, V-code \_\_\_ \_\_\_ Discover \_\_\_ Am Ex

Acct # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_/\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

**Please return this registration form with your payment information (if applicable) to  
New England Independent Booksellers Association**

1955 Massachusetts Avenue, #2

Cambridge, MA 02140

617-547-3642; Fax 617-547-3759; [www.newenglandbooks.org](http://www.newenglandbooks.org)