**INDIANA HEALTH SCIENCES LIBRARIANS ASSOCIATION**

**2015 ANNUAL MEETING**

**HOLIDAY INN—CITY CENTRE-LAFAYETTE**

**LAFAYETTE, INDIANA**

**THURSDAY AND FRIDAY, APRIL 23-24, 2015**

It is an honor and a pleasure to welcome you to the 2015 Annual Meeting of the Indiana Health Sciences Librarians Association, April 23 and 24 at the Holiday Inn—City Centre in **Downtown** Lafayette, Indiana (There is another Holiday Inn at Interstate 65 and State Road 26 East; we will be **Downtown**). It is our hope that you will be able to join us as an exhibitor on the **second day of the conference, Friday, April 2 4.** The IHSLA members and attendees look forward to our opportunities to visit with you, our exhibitors.

Our program on Friday morning, April 24, will include introductions of all our participating exhibitors in the morning. There will be a visitation time with all the exhibitors built into the morning schedule, followed by lunch with our exhibitors (compliments of IHSLA).

Traditionally, our exhibitors are invited to donate a gift, or door prize, which is raffled during our luncheon to members present. Our IHSLA members’ Business meeting follows the luncheon (this is restricted to IHSLA library members).

Information regarding the site of the conference and accommodations:

 Holiday Inn—City Centre-- Lafayette

 515 South Street

 Lafayette IN 47901

 Telephone: (765) 423-1000

 Fax: (765) 420-1510

Along with this letter, you will find two pages: one for reserving your exhibit area for the conference, and the other for sponsor options and payment**. Please write your check to the Indiana Health Sciences Librarians Association, and send it, along with your reservation and sponsor forms, to:**

Jennifer Helmen

Medical Librarian

Saint Joseph Regional Medical Center

5215 Holy Cross Parkway

Mishawaka IN 46545

helmenj@sjrmc.com

574.335.1012 (p)

574.335.1051 (f)

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**2015 ANNUAL MEETING**

**Holiday Inn—City Centre-Lafayette**

**Lafayette, Indiana**

**Thursday and Friday, April 23 & 24, 2015**

 To reserve your exhibit area, please sign below and return the completed forms and your check for $125, payable to Indiana Health Sciences Librarians Association, by the end of the week of April 6-10, 2015, to:

Jennifer Helmen

Medical Librarian

Saint Joseph Regional Medical Center

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Please print your name and your company’s information as you would like them to be printed in the conference program and materials:

YOUR NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you require INTERNET ACCESS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of electrical outlets \_\_\_\_\_\_\_\_\_\_\_ (Please bring your own extension cords.)

Number of chairs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional equipment/items \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please accept one complimentary lunch, courtesy of the Indiana Health Sciences Librarians Association “Lunch with the Exhibitors.”

Will you /your company be donating a gift for the raffle to be held following the conference luncheon? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CONTINUE PAGING DOWN FOR SPONSOR INFORMATION AND ITEMIZATION OF TOTAL CONFERENCE FEE**

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# SPONSOR CONTRACT

**SPONSOR OPTIONS** (Please check your choice)

 \_\_\_\_\_\_\_\_\_\_\_ Sponsor one break $ 100

 \_\_\_\_\_\_\_\_\_\_\_ Sponsor lunch $ 175

 \_\_\_\_\_\_\_\_\_\_\_ Unrestricted donation of \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_ My Company will not be able to exhibit, but we would like our materials distributed and displayed $ 15

CORRESPONDENCE SHOULD BE ADDRESSED TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ITEMIZATION OF CONFERENCE TOTAL CHECK AMOUNT:**

 **Exhibitor fee $ 125 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sponsor break $ 100 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sponsor lunch $ 175 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Unrestricted donation $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CONFERENCE TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

AUTHORIZING SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We always look forward to visiting with our exhibitors, seeing you each year and welcoming new exhibitors. Over the years you have taught us, guided us, and been there for us to provide our library and technological resources. We hope you will be able to join us this year.

My best regards,

Jennifer Helmen

Medical Librarian

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