

**MEDIEVAL ACADEMY ANNUAL MEETING**

**26-28 March 2009**

**Renaissance Chicago Hotel, 1 West Wacker Drive, Chicago, Illinois 60601**

**Exhibit Space Application and Payment Form**

Please return this form to

Christina von Nolcken

Department of English

University of Chicago

1115 East 58<sup>th</sup> Street, Chicago

Illinois 60637

(fax 773-702-2495)

(email:mcv4@uchicago.edu)

**To ensure space availability,**

**submit the form and payment *as soon as possible* and no later than 1 February 2009.**

**EXHIBITOR**

Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**EXHIBIT SPACE: REQUEST and PAYMENT**

Rental charges for exhibit tables from 12 noon, Thursday, 26 March 2009, through 6 p.m., Saturday, 28 March 2009 (set up Thursday morning, beginning 9 a.m.; display teardown must be complete by 6 p.m. on Saturday):

1 table= \$200; 2 tables= \$260; 3 tables= \$300; each additional table, add \$35.

Please reserve \_\_\_\_\_ table(s) for a total charge of \$ \_\_\_\_\_.

If table draping is desired, check here (no additional charge) \_\_\_\_\_.

**For electrical outlets, internet connections, and the like, please use the enclosed form and submit it directly to the Hotel. Note that wall/column outlets in the exhibit space may NOT be used.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_.

**Return this form, along with payment, by 1 February 2009.** Payment should be made by check in U.S. funds drawn on a U.S. bank payable to the Illinois Medieval Association or may be made by credit card.

I enclose a check for \$ \_\_\_\_\_. Please charge \$ \_\_\_\_\_ to my Visa/MasterCard (circle one)

Account name (print clearly): \_\_\_\_\_

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

**SHIPPING ARRANGEMENTS**

Books shipped to the hotel should not arrive more than five business days before 26 March. Address each box as follows:

Renaissance Chicago Hotel  
1 West Wacker Drive  
Chicago  
Illinois 60601  
USA

ATTN: Medieval Academy of America  
EXHIBITOR: [Name of Company]  
HOLD FOR: [On-Site Exhibitor Contact's Name]

**TERMS**

The exhibitor, by signing this application, releases the Medieval Academy of America and its agents from any and all liability and responsibility for injury, damage, and costs incurred by exhibitor, its agents, employees, and their property which arise from the exhibitor's participation in the 2009 annual meeting of the Medieval Academy. If for any reason exhibit space is not provided to the exhibitor, the exhibitor agrees that its sole remedy shall be to have its space-reservation fees refunded. Filing an application does not guarantee the applicant will receive exhibit space if space has already been filled. If space is unavailable, reservation fees will be refunded.

**For further information about the Medieval Academy, contact [PES@MedievalAcademy.org](mailto:PES@MedievalAcademy.org)**

**To advertise in the Academy's annual meeting program, contact [SMC@MedievalAcademy.org](mailto:SMC@MedievalAcademy.org)**