



EXHIBITOR TRADE SHOW 2009 REGISTRATION
FORM

ANNUAL FALL MEETING AND TRADE EXHIBIT

Greenville, SC • Carolina First Center

September 25-27, 2009

This form is for SIBA exhibitors only.

FOR OFFICE USE ONLY

DATE RECEIVED: _____

CHECK#/AMT: _____

BOOTH # _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

e-mail: _____

Name of person in charge for your company at the show:

Badges and other on-site trade show materials will be mailed to exhibitors in advance of the show. Please give correct address information where these materials should be sent to the person in charge for your company at the show.

____ Check if address is same as above.

Address: _____

City: _____ State: _____ Zip: _____

Phone _____

Email: _____

____ CHECK HERE IF THIS IS YOUR FIRST SIBA SHOW.

FREE BADGES:

Payment will be as follows: ____Check ____Credit Card

Credit Card Information:

Account No. _____ Exp. Date _____

Name on card _____

Signature _____ Date _____

Email address _____

Mail Payments to

Southern Independent Booksellers Alliance (SIBA)

3806 Yale Avenue • Columbia, SC 29205

or Email: wanda@sibaweb.com

or PHONE 803-779-0118 • FAX 803-779-0113

SIBA DUES = \$195
TO QUALIFY FOR
SIBA MEMBER PRICES

EXHIBIT TABLE RENTAL

SIBA MEMBER PRICES

Before August 1

____ @ \$495

Wallspace

____ @ \$595

After August 1

____ @ \$595

Wallspace

____ @ \$695

NON MEMBER PRICES

Before August 1

____ @ \$650

Wallspace

____ @ \$750

After August 1

____ @ \$750

Wallspace

____ @ \$850

Dues _____

Exhibit Table Rental _____

Event Tickets _____

TOTAL _____

Visit www.sibaweb.com
for updates & trade show info.