

**APPENDIX E  
SAMPLE VENDOR APPLICATION FORM**

**Western Association of Map Libraries**  
*Meeting Date*  
*Place*

Vendor Business Name:

Address:

Telephone Number: ( )

Fax Number: ( )

Representative's Name:

Product/Service:

Will Exhibit on: *Enter Appropriate Meeting Dates*

Equipment Needs:

Table:    Yes    No

Electrical Outlet:    Yes    No

Internet Connection:    Yes    No

Bulletin Board:    Yes    No

Other:

Non-member vendor registration is \$50 in lieu of the basic registration fee. Please make checks payable to WAML.

Please return this form by \_\_\_\_\_ to: \_\_\_\_\_.

[If products may be sold at the conference site, indicate this to vendors.]