



# Pre and Post Show Attendee List Rental

California Library Association Annual Conference & Exhibition  
November 2 - 4, 2017 • Riverside, CA • Riverside Convention Center

Pre- and post-registrant listings will be available for rental before the 2017 CLA Annual Conference. Lists will include U.S. mailing addresses and Email addresses, if approved to be provided by attendee. Traditionally there have been over 1,000 final registrants for the Conference.

Listings will be emailed in a Microsoft EXCEL® formatted spreadsheet. All lists are a one-time only use. A sample of the mailing must be received with your order for CLA approval.

**Pricing**

Pre Show list only: \$250

Post Show list only: \$250

Both Pre and Post Show lists: \$450

Complete this form and enclose both a sample of the mailing and payment information. Orders without a sample and/or payment will not be processed. Pre-show lists will be emailed out by October 13, 2017 for orders received by October 12. Post-show lists will be sent out by November 10, 2017.

**Yes, please send me the:**

Pre show list @ \$250

Post show list @ \$250

Both Pre and Post show lists @ \$450

**COMPANY INFORMATION:**

Company: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Delivery Specifications:** Email to: \_\_\_\_\_

**Method of Payment:**

**PAYMENT:** Full payment is due with insertion order. Send payment with insertion order to the address below.

***Please fax to 630-434-1216 prior to mailing.***

Make checks payable to: California Library Association.

Send to:

California Library Association, 1055 E. Colorado Blvd., 5th Floor, Pasadena, CA 91106

\_\_\_\_\_ Charge: \_\_\_ VISA \_\_\_ MasterCard \_\_\_\_\_ American Express

Card Number: | | | | | | | | | | | | | | | | | | | | | | Expiration Date: | | | | | |

Security Code: \_\_\_\_\_

Cardholders Name \_\_\_\_\_

Cardholders Signature \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

**Billing address:**  Check this box if billing address is the same as above

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Questions?** Email [cla@heixpo.com](mailto:cla@heixpo.com), or call 800-752-6312.