



# iBeacon Reservation Form

Exhibit Dates: February 9 – 12, 2018 · Colorado Convention Center, Denver, CO

**Your company can be part of this!** Fifty beacons will be deployed at the Midwinter Meeting to deliver relevant content to attendees. ALA will work with **BluuBeam** once again to offer the iBeacon program. This emerging technology allows us to deliver content to attendees (and exhibitors) who download and utilize the BluuBeam app.

### **15 beacons are available to exhibitors!**

So we don't overload app users while on the exhibit floor, only 15 beacons will be available to exhibitors. The app message sent to users will allow those 15 to:

- Present a graphic image or logo
- Link to a website or pdf
- Provide a discount code or coupon

Visit <https://www.youtube.com/watch?v=8-Ssht32EcY> for a short video demonstrating the BluuBeam app functionality. You can also visit the iTunes App Store or Google play to download the app.

**This drives traffic to your booth!** (And it's easy for the recipient.) The beacons will be positioned in 4 high-traffic areas:

- Registration, reaching every app user when they arrive at the convention center
- Entrances to Exhibit Hall
- Your booth

### **Pricing:**

Package (includes your message being pushed from your booth, registration and exhibit hall entrances) \$750

**Don't delay!** These limited opportunities will go fast. Complete the form below to reserve the best locations to deliver your message, or contact Paul Graller, phone: 312-280-3219, [pgraller@ala.org](mailto:pgraller@ala.org).



**YES, count me in.**

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

Address (No. P.O. Boxes, please): \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **Method of Payment:**

\_\_\_\_\_ Check: Make payable to the American Library Association

Send to: American Library Association Exhibits, 52142 Eagleway, Chicago IL 60678

\_\_\_\_\_ Charge:    \_\_\_ VISA    \_\_\_ Master Card    \_\_\_ American Express

Card Number: [ | | | | | | | | | | | | | | | | ] Expiration Date: [ | | | | ]

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

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

*This line must be signed.*

Return this form to [pgraller@ala.org](mailto:pgraller@ala.org), fax: 630-434-1216.