**“Thrive in 25”**

**Spring Symposium**

**Exhibitor Registration Form**

**American Society for Clinical Laboratory Science - North Dakota**

**When:** Thursday May 8th, 6:00-8:00pm (set-up: 4:30–6:00pm)

**Where:** Hilton Garden Inn

 4301 James Ray Drive, Grand Forks, ND

**Accommodations:** Hilton Garden Inn

 701-775-6000

 Jasmine.DeLeon@Hilton.com

**How To Register and Submit Payment:**

|  |  |  |
| --- | --- | --- |
|  | **Online (preferred)** | **Other** |
| Registration Form | [https://www.asclsnd.org](https://www.asclsnd.org/) | Email: Jessica Fry asclsnd@gmail.com |
| Payment | [https://www.asclsnd.org](https://www.asclsnd.org/) | Check payable to: ASCLS-ND Mail check to: Jessica Fry711 N. 28th St. Bismarck ND58501 |

Please contact vendor coordinator, Sharon Reistad (sreistad@srt.com), with any questions. W-9 #’s/Forms are available upon request.

**THANK YOU FOR YOUR CONTINUED SUPPORT!!!**

**REGISTRATION INFORMATION**

Complete & submit registration form and payment.

**Pre-registration is required.**

**Registrations must be postmarked by \_\_\_\_\_\_**

**Late fee of $20 applies after \_\_\_\_\_\_\_\_\_\_**

**Please enter information in this fillable document:**

Company Name:

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Contact name:

**Sales Person(s) Attending**:

(list all as name badges will be

required) Address:

City, State, Zip:

E-mail:

Phone:

Fax:

**Instruction: Indicate registration level (type “X”) and additional meeting support below:**

**REGISTRATION DEADLINE IS \_\_\_\_\_\_\_\_\_**

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| Single exhibit booth space (approx. area-8 x 10 ft; 6’ x 30’’ table, 2 chairs) | **$550** |
| Please checkmark if electrical connection is needed for your display |  **N/A** |
| The facility has an area to park demo trucks, but you will need to supply your own power – please indicate if you will be bringing a demo truck: YES / NO**Please note:** the price of exhibit is for booth set up and up to 2 attendees (for food count) If more attendees are required, please add $10 per personNumber of extra attendees x $10 |
| **Additional Support: Our Company would like to provide additional support for:** |
| Provide a speaker for a workshop: | Name: |  |
| Sponsor the expense of a workshop speaker: | $ Amount: |  |
| Sponsor or help sponsor a break | $ Amount: |  |
| Sponsor Other (please indicate): |  |  |

**Meeting Questions:** asclsnd@gmail.com

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| **EXHIBITOR FEE:** |  |
| REGISTRATION AMOUNT (from above) | **$**  |
| EXTRA ATTENDEE(S) AMOUNT | **$**  |
| ADDITIONAL SUPPORT AMOUNT | **$**  |
| $20 LATE FEE (if applicable) | **$**  |
|  | **$**  |
| **TOTAL:** | **$** |