A logo of a company  Description automatically generated**“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

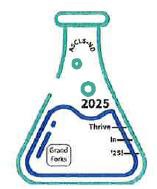
701-775-6000

[Jasmine.DeLeon@Hilton.com](mailto: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](mailto:asclsnd@gmail.com) |
| Payment | [https://www.asclsnd.org](https://www.asclsnd.org/) | Check payable to: ASCLS-ND Mail check to: Jessica Fry  711 N. 28th St. Bismarck ND58501 |

Please contact vendor coordinator, Sharon Reistad ([sreistad@srt.com](mailto: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:

|  |
| --- |
|  |
|  |
|  |

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 \_\_\_\_\_\_\_\_\_**

|  |
| --- |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| 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 person  Number 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](mailto:asclsnd@gmail.com)

|  |
| --- |
|  |
|  |
|  |
|  |

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