

"Thrive in 25" Spring Symposium



Exhibitor Registration Form

American Society for Clinical Laboratory Science - North Dakota

When: Thursday May 8, 2025

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			
Complete the form	https://www.asclsnd.org	asclsnd@gmail.com			
Payment	https://www.asclsnd.org				
W-9 #'s/Form: available upon request					

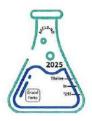


THANK YOU FOR YOUR CONTINUED SUPPORT!!!

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
<u>Please checkmark if you will require a tablecloth - \$7.00/table</u>	
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	

<u>Please note</u>: 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

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