

**“Spring Symposium”**

**Bismarck, ND**

**EXHIBITOR REGISTRATION FORM**

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

**Supporting Sponsors:**

**When:**

April 25th, 2024 6:00 pm – 9:00 pm: Vendor and Science Gallery Social

April 26th, 2024: Educational Sessions

**Where:**

Gateway to Science Center

1600 Canary Ave, Bismarck, ND 58501, USA

(701) 258-1975 ● http://www.gatewaytoscience.org

**Accommodations:**

Hampton Inn and Suites Bismarck Northwest

2020 Schafer St., Bismarck, ND 58501, USA

(701) 751-5656 ● http://www.hilton.com

###### From Lab to Life: Enhancing Patient Care

###### Join us for networking with Lab Professionals from all over the region. This is an awesome way to learn about potential professional opportunities and earn CEUs.

###### Meet new friends just like you! #talknerdie

###### Let’s discuss the issues that plague our field. #burnout #staffshortages

###### We are stronger as a profession by working together. Learn about how you can become involved in ASCLS-ND.

**How To Register and Submit Payment:**

|  |  |  |
| --- | --- | --- |
|  | **Online (preferred)** | **Other** |
| Complete the form | [https://www.asclsnd.org](about:blank) | Email: Jessica Fry  asclsnd@gmail.com |
| Payment | [https://www.asclsnd.org](about:blank) | Check payable to: ASCLS-ND  Mail check to: Jessica Fry  711 N. 28th St. Bismarck ND58501 |
| W-9 #’s/Form: available upon request | | |

A logo of a company

Description automatically generated**THANK YOU FOR YOUR CONTINUED SUPPORT!!!**

##### REGISTRATION INFORMATION

Complete & submit registration form and payment.

**Pre-registration is required.   
Registrations must be postmarked by April 10, 2024**

**Late fee of $20 applies after April 10, 2024.**

**Please enter information in this typeable 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: |  |
| 1. **Instruction: Indicate registration level (type “X”) and additional meeting support below:  REGISTRATION DEADLINE IS APRIL 10th, 2024** | | |

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| --- | --- | --- | --- | --- | --- |
|  | 1. Single exhibit booth space (approx. area-8 x 10 ft; 6’ x 30’’ table, 2 chairs) | | | | 1. **$500** |
|  | 1. Please checkmark if electrical connection is needed for your display | | | | **N/A** |
|  | 1. Please checkmark if you will require a tablecloth - $7.00/table | | | |  |
|  | The facility has an area to park demo trucks – please indicate if you will have one: 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 | | | |  |
|  | 1. **Additional Support: Our Company would like to provide additional support for:** | | | |  |
|  | 1. Provide a speaker for a workshop: | | 1. Name: |  | |
|  | 1. Sponsor the expense of a workshop speaker: | | 1. $ Amount: |  | |
|  | 1. Sponsor or help sponsor a break | | 1. $ Amount: |  | |
|  | 1. Sponsor Other (please indicate): |  | | | |

|  |  |
| --- | --- |
| **Meeting Questions:** | Jessica Fry (E) asclsnd@gmail.com |

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| **EXHIBITOR FEE:** | | | | |
| 1. REGISTRATION AMOUNT (from above) | 1. **$** |  |  |  |
| 1. EXTRA ATTENDEE(S) AMOUNT | 1. **$** |  |  |  |
| 1. ADDITIONAL SUPPORT AMOUNT | 1. **$** |  |  |  |
| 1. $20 LATE FEE (if applicable) | 1. **$** |  |  |  |
| 1. MANUAL PROCESSING SERVICE FEE | 1. **$** | 15.00 |  |  |
| 1. **TOTAL:** | 1. **$** |  |  |  |