



“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	Email: Jessica Fry asclsnd@gmail.com
Payment	https://www.asclsnd.org	Check payable to: ASCLS-ND Mail check to: Jessica Fry 711 N. 28 th St. Bismarck ND58501
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 _____

Table with 3 columns: Registration level, Description, Price. Row 1: Single exhibit booth space (approx. area-8 x 10 ft; 6' x 30" table, 2 chairs) \$550. Row 2: Please checkmark if electrical connection is needed for your display N/A. Row 3: Please checkmark if you will require a tablecloth - \$7.00/table

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

EXHIBITOR FEE:

Table with 2 columns: Fee Category, Amount. Rows: REGISTRATION AMOUNT (from above) \$, EXTRA ATTENDEE(S) AMOUNT \$, ADDITIONAL SUPPORT AMOUNT \$, \$20 LATE FEE (if applicable) \$, TOTAL: \$