

Northwest Medical Laboratory Symposium



Lynnwood Conference Center
Lynnwood, WA
October 18, 19, and 20, 2017

2017 EXHIBIT BOOTH REGISTRATION

Mail to Brenda Kochis, 44 West 26th Avenue, Spokane, WA 99203-1818

or email to BrenKoch@comcast.net or use our online form.

Reserve by June 1, 2017 to ensure Program Listing in the mailed book!

1. Enter the number of each size space needed. Multiple spaces will be adjacent to each other, unless requested differently.

<input type="checkbox"/>	Full Booth (\$900) 10W X 8D ft	<input type="checkbox"/>	Half-Booth (\$550) 5W X 8D ft	<input type="checkbox"/>	Mini-Island (\$2500) 240 sq ft (16'X15')	<input type="checkbox"/>	Island (\$4300) 400 sq ft (16'X25')
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<input type="checkbox"/>	Full Booth + Demo Van (\$1400)	<input type="checkbox"/>	Half Booth + Demo Van (\$1050)	<input type="checkbox"/>	Mini-Island + Demo Van (\$2500)	<input type="checkbox"/>	Island + Demo Van (\$4300)
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2. Provide contact information. Indicate the name of the reserving the space and responsible for payment. We also need a local contact person so that further correspondence and questions can be addressed. This can be the same person, but we must have reliable phone numbers and **email addresses**.

Please print clearly!

Responsible for payment:

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Contact person:

Name: _____

Title: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

NOTE: Exhibitors will be listed on our website, <http://www.asclswa.org> If your company has a homepage on the Internet that you would like linked to the NWMLS web page, please print clearly the URL.

www. _____

3. Arrange for payment. **The fee must be received by September 15, 2017.**
- ◆ Make check payable to **Northwest Medical Laboratory Symposium**. Credit Cards can be accepted using the online form for payments up to \$1500. Alternately, an electronic invoice can be sent with a link to the credit card processor.
 - ◆ Mail check to: **Brenda Kochis, 44 West 26th Avenue, Spokane, WA 99203-1818.**
 - ◆ **IMPORTANT: PAYMENT WILL BE NON-REFUNDABLE AFTER SEPTEMBER 22, 2017.**

4. Print company name: _____

5. List new products you would like featured, starting with the most important one.

Product	Product
1	3
2	4

6. List incompatible neighbors, starting with least compatible: _____

7. Please check this box if your company is willing to support the Symposium as a Corporate Sponsor.