

Northwest Medical Laboratory Symposium



Lynnwood Convention Center
Lynnwood, WA
October 9, 10, 11, 2019

2019 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, 2019 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.

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Full Booth (\$900)

10W X 8D ft

Half-Booth (\$550)

5W X 8D ft

Demo Van (\$500)

Other booth
configurations
available upon
request

Provide contact information. Indicate the name of the person 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 need reliable phone numbers and **email addresses**.

Please print clearly!

Contact Person:

Name: _____

Title: _____

Address: _____

Phone: _____

E-Mail: _____

Local Contact person:

Name: _____

Title: _____

Address: _____

Phone: _____

E-Mail: _____

NOTE: Exhibitors will be listed on our website, <http://www.asclswa.org/NWMLS.html>. 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, 2019.
- ◆ Make check payable to **Northwest Medical Laboratory Symposium**. Credit Cards can be accepted using the online form for payments. 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 OCTOBER 1, 2019.**

2. **Print company name:** _____

5. **List new products** or services you would like featured on our webpage.

Product	Product
1	3
2	4

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