

**“Spring Symposium” - April 27-28, 2023**

**EXHIBITOR REGISTRATION FORM**

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

**Supporting Sponsors:**

1. [**Sleep**](https://www.ihg.com/holidayinn/hotels/us/en/fargo/farnd/hoteldetail) **Inn & Suites**
2. 2400 10th Street SW
3. Minot, North Dakota 58701
4. [(701) 502-0028](https://www.google.com/search?q=sleep+inn+minot&sxsrf=AJOqlzXL4Iz2zzHumM2hfHFMo7jVKoUCmw%3A1673282144067&source=hp&ei=YEK8Y7zsAeKO0PEPrbirwAg&iflsig=AK50M_UAAAAAY7xQcDYo4pMUZeFWeAtOhq-xnxKlIfzO&gs_ssp=eJzj4tZP1zcsSTHPSDE0M2C0UjWoMDVKSTNKNDVJSTUxSrZMNrQyqEiytDBJtjA2MDBNTLNMMzX14i_OSU0tUMjMy1PIzczLLwEAnwkUTA&oq=sleep+&gs_lcp=Cgdnd3Mtd2l6EAEYADIKCC4QrwEQxwEQJzIICAAQgAQQsQMyCwgAEIAEELEDEIMBMhEILhCABBCxAxCDARDHARDRAzIICC4QsQMQgwEyCwguEIAEEMcBEK8BMgUIABCABDILCAAQgAQQsQMQgwEyCwguEIAEEMcBEK8BMgsILhCABBDHARCvAToECCMQJzoICC4QgwEQsQM6BQguEIAEOg4ILhCABBCxAxDHARDRAzoLCC4QgAQQsQMQgwE6EQguEIMBEMcBELEDENEDEIAEOgsILhCABBCxAxDUAjoLCC4QrwEQxwEQgAQ6CAguEIAEELEDUABYuAZguBRoAHAAeACAAdcBiAHyBpIBBTAuNS4xmAEAoAEB&sclient=gws-wiz)
5. ***Room Special Rate\*:****$99.00 + tax*
6. *(traditional Double Queen or King)*
7. \*To receive special rate, guests must call and provide group ID: **ASCLS**

Rooms can be reserved at this rate for Wednesday, Thursday and/or Friday

Reserved room block will only be available until **April 7, 2023 -** make your reservations early!

###### SPRING SYMPOSIUM VALUE, BENEFITS & HIGHLIGHT - We look forward to the opportunity for your business to interact and display your great products, technology and recent developments with our attendees as you make contacts with our laboratorians across this area.

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| --- | --- |
| How to register and submit payment: | |
| * Complete form * Email completed form to: Sharon Reistad at sreistad@srt.com * Payment via check (payable to ASCLS-ND) | Mail check to: Sharon Reistad  7340 37th Ave SE  Minot, ND 58701 |
|  |  |

ASCLS-ND Website: <https://asclsnd.org> W-9 #’s/Form: available upon request

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ASCLS ND SPRING SYMPOSIUM

April 2728, 2023

Minot, ND

**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, 2023**

**Late fee of $20 applies after April 10, 2023.**

**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 FRIDAY, APRIL 10, 2022** | | |

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| --- | --- | --- | --- | --- | --- |
|  | 1. Single exhibit booth space (approx. area-8 x 10 ft; 6’ x 30’’ table, 2 chairs) | | | | 1. **$400** |
|  | 1. Please checkmark if electrical connection is needed for your display | | | |  |
|  | 1. Double exhibit booth space (2- approx. 8 x 10 ft area + 2 tables; 4 chairs) | | | | 1. **$600** |
|  | (The facility has no area to park demo trucks)  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): |  | | | |

|  |  |
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| **Meeting Questions:** | Sharon Reistad (E) [sreistad@srt.com](mailto:sreistad@srt.com) (C) 701-240-7219 |

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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. **TOTAL:** | 1. **$** |  |  |  |