Annual Virginia Statewide Meeting, **April 3, 2020**

**Piedmont Virginia Community College**

**Vendor Application Form**

ASCLS strives to make a positive impact in health care through leadership that will assure excellence in the practice of laboratory medicine. ASCLS works to further the professional development of its members and to support advancements in the laboratory.

**ASCLS Virginia** will be hosting our annual meeting. Approximately four (5) PACE-approved continuing education seminars are scheduled.

As a participating vendor exhibitor organization, your company’s name will be included in the meeting programs and prominently displayed on our Vendor Bulletin Boards at the meeting. Anticipated attendance is expected to be 50+ clinical laboratory scientists, laboratory managers, supervisors and students. We hope that you choose to participate.

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| **Corporate Registration Fees****ASCLS-VA FEIN #54-6052952****Exhibitor space starts at $300, with each exhibit including one table (approximately 6’ x 2), with one company name table card, one meal pass, and one complimentary registration. Additional tiered benefits are indicated below.** **Please indicate your choice(s):**\_\_\_\_\_We will exhibit. We choose the following exhibition package: \_\_\_\_ **Standard:** $300  **\_\_\_\_ Silver:** $400 (plus name on coffee or afternoon break) \_\_\_\_ **Gold:** $500 (plus an approved speaker presentation + name on lunch break)\_\_\_\_\_We are unable to exhibit, but would like to register for the meeting – please mail the brochure. \_\_\_\_\_\_\_ # of people attending ($40 registration/person)\_\_\_\_\_We would be pleased to help sponsor speaker/food costs associated with the event. **Silver** at $100 \_\_\_\_\_\_\_ **Gold** at $200\_\_\_\_\_\_\_ \_\_\_\_\_We are unable to attend but would like to make a donation to defray the costs. **Silver** at $100 \_\_\_\_\_\_\_ **Gold** at $200\_\_\_\_\_\_\_ Please complete the information below and send check(s) to ASCLS-VA by March 15, 2019 |

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| **Registration Information:**Company Name:Contact Name:Address:Phone/Fax:Email:Will the contact be the same person attending the conference?  **Yes\_\_ No\_\_**If no, please provide: Presenter Name(s): E-mail:If exhibiting, will you require electrical access? **Yes\_\_ No\_\_**  |

**Total Enclosed:**$\_\_\_\_\_\_\_\_\_\_\_

**Please Make Checks Payable to ASCLS-VA. Mail to:**

ASCLS-VA

℅ Natalie Case

6068 Turkey Hollow Pl

Mechanicsville, VA 23111

ascls.virginia@gmail.com

*Vendor Exhibit Questions?* Please contact: Briana Shelton bms7h@virginia.edu

**Thank you for your support!**