



March 15, 2019 FSCLS SPRING SYMPOSIUM Exhibitor Agreement

Name of company: _____

Company Address: _____

Name of representative/Company Contact Person: _____

I _____ and the company I represent, _____ have agreed to the following participation in the FSCLS 2019 Spring Symposium to be held on **Friday, March 15th, 2019 at University of Central Florida in Orlando, Florida.**

- Vendor Table on **03/15/19** - Make check payable to FSCLS, and mail to \$300. FSCLS, 11456 Night Heron Drive, Naples, FL 34119 **by February 15, 2019.**

Promotional Services to be performed at the Event: Exhibit space at the FSCLS 2019 Spring Symposium on Friday, March 15, 2019 to be held at the University of Central Florida in Orlando, FL to include a reserved table for display, advertising credit in the final program, and full access for a company representative to all the sessions, lectures, and workshops.

- Educational Grant To be made payable to FSCLS and mail to FSCLS, 11456 Night Heron Drive, Naples, FL 34119 **before February 15, 2019.**

Fax Number: _____

E-Mail _____@_____

- Other donation _____
Amount \$ or Value _____

Company Representative/Contact Person (name, phone number and email address): _____

Signature of Representative

Date