

*Florida Society for Clinical Laboratory Sciences (FSCLS)*

*Presents…*

*MAY 06, 2016 FSCLS SPRING SYMPOSIUM*

**Exhibitor Agreement**

Name of company: \_

Name of representative:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the company I represent, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have agreed to the following participation in the FSCLS 2016 Spring Symposiumto be held on Friday, May 06, 2016 at Nemours Children Hospital, Florida.

 Vendor Table – 5/06/16 Make check payable to FSCLS, and mail to
 $250 FSCLS, 11456 Night Heron Drive, Naples, FL 34119
 **before April 11, 2016.**

**Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Company, Address and Phone Number:**

##### Contact Person: (Name and phone number)

#####

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Signature of Representative Date**