

Florida Society for Clinical Laboratory Sciences (FSCLS)

## Presents...

## March 9, 2018 FSCLS SPRING SYMPOSIUM

## **Exhibitor Agreement**

Name	of company:		
Name	of representative:		
agree		on in the FSCLS 2018	have Spring Symposium to be held on orida.
	Vendor Table – 5/06/16 \$300	Make check payable to FSCLS, and mail to ASCLS - Attention Dr. H. St. Hill 11456 Night Heron Drive, Naples, FL 34119 Before February 16, 2018	
		Fax Number:	
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Namo	e of Company Address and	Phone Number:	
Cont	act Person: (Name and pho	one number)	
	Signature of Repr	esentative	Date

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