Florida Society for Clinical Laboratory Sciences (FSCLS)

Presents…

MARCH 17, 2017 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 2017 Spring Symposium to be held on Friday, March 17, 2017 at Nemours Children's Hospital, Florida.

☒ Vendor Table – 3/17/17 $250

Make check payable to FSCLS, and mail to FSCLS, 11456 Night Heron Drive, Naples, FL 34119 **before February 17, 2017.**

Fax Number: _____

E-Mail: _____

Name of Company Address and Phone Number:

_____

_____

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

_____

_____

_____

Signature of Representative **Date**