



The Central Florida POC Network and the FSSAMT have again teamed up to hold the *10th Annual POCT Conference*.

This event will be held at the *Hilton-Orlando, Altamonte Springs*, with multiple topics, speakers and vendor exhibits.

We are currently seeking participation/educational grants to support the conference on:

Friday, October 29th, 2010

The **conference goal** is to provide cutting edge information on Laboratory General and Point of Care Testing topics to a **target audience** that includes Laboratory Personnel, Respiratory Therapists, Nurses, Physician Office Staff and Students.

Grant money may be sent by check made payable to **FSSAMT** and mailed to:

**Kay Ferguson
3712 Arava Drive
Green Cove Springs, Florida 32043
Atten: FSSAMT**

The Tax ID Number is **730699842**

If you have any questions or need additional information, please contact Edwina Szlag at (321) 434-5249 Edwina.Szlag@health-first.org
Or Kay Ferguson at: 904-282-9040 flakaylab@yahoo.com

Additional opportunities for involvement in this educational offering include:
Purchase of vending space or sponsorship of break or lunch (contact Kay or Edwina for more information).

We appreciate your willingness to support improved patient care through education for health care professionals and look forward to working with you in the future.

Agreement with: The Central Florida POC Network and FSSAMT

Re: The 10th Annual Point of Care and FSSAMT Conference

Name of representative:

Name of company:

I and the company I represent have agreed to the following participation in the "10th Annual "Point of Care/FSSAMT Conference" to be held on Friday, Oct29th, 2010 at the: Hilton-Orlando Altamonte Springs

Vendor Table – Friday \$275

All fees due before Friday, Oct 1st, 2010

Educational Grant All checks to be made payable to the FSSAMT Amount \$ _____ and confirmed by e-mail before, Friday, October 1, 2010 Contact Kay Ferguson or Edwina Szelag flakaylab@yahoo.com or Edwina.Szelag@health-first.org

Other \$ Amount _____
Underwrite breakfast, lunch, break

Name of Company Address and Phone Number:

Contact Person: (Name and phone number, email)

Signature _____

Date _____