

Dear Exhibitor:

The Annual State Conference of the Histology Society of Ohio will be held Thursday evening through Saturday afternoon, April 24th & 25th, 2015 at the

**Hilton Garden Inn Beavercreek
3520 Pentagon Blvd.
Dayton, OH 45431
1-937-458-2650**

We continue to offer diverse program that we hope will draw registrants from the surrounding areas. Please see attached program brochure. You can share information of the meeting with laboratories you visit.

As usual, this conference will give you the opportunity to exhibit and demonstrate your products and services. **Whether you plan to attend or not**, I ask that you return the form one way or another. You can email or mail the form back to me. My preferred email is mcdonal1@ccf.org

Typically Vendors need to be at the tables during break on Friday afternoon and at the Vendor reception on Friday evening. The Vendors are asked to join us for the buffet dinner after the vendor reception on Friday evening from 6:00-7:30pm. There is also the keynote speaker address from 7:30 until 9:00pm if interested. You are asked to be at the tables for the Saturday continental breakfast 7-8am, the AM break. Booth breakdown can be started after the lunch on Saturday. Please check what you would like for the box lunch. Your cooperation with these times will be appreciated. At this point times may change. Please let us know as soon as possible as we will be assigning tables.

We look forward to hearing from you and hope that you decide to join us in this educational event.

Sincerely,

Linda G. McDonald

Linda G. McDonald
HSO 2015 Exhibits Coordinator

Histology Society of Ohio
State Meeting April 24th & 25th, 2015
Exhibitor Registration Form-2015

We do ____/ do not ____ wish to exhibit. Please return this form even if you do not attend, as this will spare us the cost of mailing reminder letters.

COMPANY NAME: _____

Address: _____

City _____ State ____ Zip _____ Phone _____

Contact Person _____ FAX _____

____ Unmanned-literature only \$200.00 ea

____ Manned -\$375.00 ea (includes 1-6/8 ft table, chair, Friday dinner and Saturday lunch)

Electrical requirements: single 110 volt outlet ____single 220 volt outlet_____

Please note that if more than one outlet is needed, the exhibitor must provide their own multiple-outlet plug and/or lead cords.

Special requirements: _____

Do you wish to **sponsor a hospitality function,(food for breaks) or make a contribution?** If you indicate Yes, please contact me to discuss your choice.

_____ **YES (Please)** _____ No

Please bring a door prize/raffle item to be raffled to attendees during the conference. Your cooperation is greatly appreciated.

Please return this form with payment to guarantee space in the Exhibit Hall. Make checks payable to the Histology Society of Ohio and mail to the address listed below. Paypal is also available. We also use Square so we can accept MC/Visa for payment. The web site is www.ohiohistology.org

Contact information and Exhibitor Registration Form mail info:

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mcdonal1@ccf.org (it is the number 1 after the letter l)