

AMERICAN SOCIETY FOR MICROBIOLOGY  
SOUTHERN CALIFORNIA BRANCH  
2020 Annual Meeting  
Hyatt Regency La Jolla  
OCTOBER 22-24, 2020

EXHIBITOR APPLICATION

Please Print Clearly

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICATION CONTACT PERSON \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

1ST ON-SITE CONTACT PERSON \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ E-MAIL \_\_\_\_\_

2ND ON-SITE CONTACT PERSON \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Preferred Location**

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

List possible exhibitors you wish to be **near**:

\_\_\_\_\_

List possible exhibitors you **do not** wish to be near:

\_\_\_\_\_

(We will make every effort to accommodate this request,  
but cannot guarantee your booth placement)

We would like the following product description (**maximum 50 words**) included in the Annual Meeting Program. This information must be received no later than **October 1, 2020** to be included in the Program. Please type or print:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FEES FOR 8X10 BOOTH SPACE

If paying by check, make payable to SCASM, and mail to: 1847 Watson Way, Vista, CA 92083.

**Early Rate** – application & payment received prior to May 31, 2020 \_\_\_\_\_ **\$1,300**

**Regular Rate** – application & payment received prior to August 31, 2020 \_\_\_\_\_ **\$1,400**

**Late Rate** – application & payment received September 1, 2020 or later \_\_\_\_\_ **\$1,500**

Authorized by:

Date

Signature \_\_\_\_\_

\_\_\_\_\_