

AMERICAN SOCIETY FOR MICROBIOLOGY
SOUTHERN CALIFORNIA BRANCH
2019 Annual Meeting
Hyatt Regency La Jolla
OCTOBER 24-26, 2019

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

1st Choice _____
2nd Choice _____
3rd 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, 2019** 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, 2019 _____ **\$1,300**

Regular Rate – application & payment received prior to August 31, 2019 _____ **\$1,400**

Late Rate – application & payment received September 1, 2019 or later _____ **\$1,500**

NOTE: Double booths will not be available this year, only 8x10 booths.

Authorized by:

Date

Signature
