



EXHIBITOR REGISTRATION FORM
2019 MaSH ANNUAL MEETING (Region I)
March 16, 2019
State Room, 60 State Street, 33rd Floor, Boston, MA.

Company Representative Attending: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

Company Representative E-mail: _____

The above named Company requests that the Massachusetts Society for Histotechnology (MaSH) reserve exhibit space for their company at the Annual MaSH Meeting (Region I Meeting) to be held on Saturday, March 16, 2019 at the State Room, 60 State Street, 33rd Floor, Boston, MA. This reservation form is the accepted commitment on the part of the company **and may not be cancelled, once it is received.** Exhibitor registration fee is \$750.00 per table if paid by March 1, 2019 after this date the fee will be \$1000.00.

The exhibitor's fee is per table and for ONE (1) representative. The fee includes table, coffee break and lunch. The fee for each additional representative is \$100.00. Checks should be made payable to MaSH. Further information on equipment requirements, contacts, directions, program etc. will be emailed to the company representative. ● If your company is not able to send a representative to attend the meeting, we can offer you the option of helping to sponsor the meeting and/or placing material at an unmanned table. ● There will also be a raffle in which you may provide raffle gifts.

We would like _____ table(s) at \$750.00 each if paid by March 1, 2018 after this date it is \$1000.00.

(#) _____ Additional representative(s) at \$100.00 each (name(s)) _____

We would also like to donate the following raffle item: _____

THE ABOVE NAMED COMPANY WILL NOT BE ABLE TO SEND A REPRESENTATIVE BUT WOULD LIKE TO:

_____ We would like an unmanned table to leave printed material on for \$400.00 (printed materials can be sent to Michelle Schwab, 19 Granada Park, Boston, MA 02119 by April 5, 2018)

_____ We would like to help sponsor the meeting by doing the following (ex. Sponsor Coffee Break):

_____ We would like to donate the following raffle item: _____

Please return this completed form with a check made out to MaSH and send it to:

Emily Morey, 52 Miranda Way, Bridgewater, MA 02324 Email: MAHistology@gmail.com

Company Agent's Signature/ Date:
