



Application to Exhibit

2018 Illinois Society for Histotechnologists 49th Annual Symposium

Meeting/Exhibit Dates: May 24 & 25, 2018
 Par-A-Dice Hotel and Casino
 7 blackjack Drive
 Peoria, IL 61611
 Phone: 800-547-7711
 www.paradicecasino.com

Exhibitor Information

Exhibit Company:		
Address:		
City:	State:	ZIP:
Phone: ()	FAX: ()	
Name of Contact:	Title:	
Email Address:		
Names & Emails of Add'l Exhibitors:		

Exhibitor Fees

Booth Specifications	Fee	Quantity	Amount Due
8 foot draped table (includes 2 chairs) or 8 ft floor space	\$350	[] Table [] Floor space	
Each Additional Table/ or 8ft floor space	\$150	[] Table [] Floor space	
Exhibitor Fees Due:			

Donations/Sponsorship Opportunities

Type of Support:	*Sponsor (yes or no)	Donate (yes or no)	Amount
Wine & Cheese Event (Held Thursday Evening)			
Breakfast			
Breaks			
Donation Amount:			
*Please Contact for Event Sponsorship Amount			
Grand Total Due (fees & donations):			

Payment Method: check

Please make check payable to the **Illinois Society for Histotechnologists** or **ISH**.
 Mail your check and completed application form by April 20, 2018 to:
 Maureen Doran
 304 N 15th st Murphysboro, IL 62966

Illinoishistology2017@gmail.com
<http://illinoishistologysociety.org>

Or, pay with PayPal via the ISH website