



Application to Exhibit

2019 Illinois Society for Histotechnologists 50th Annual Symposium

Meeting/Exhibit Dates: May 23-24, 2019

Holiday Inn & Suites 495 Airport Rd. Elgin, IL 60123

Phone: 847-488-9000

www.holidayinn.com/elginil

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	\$400	[] Table [] Floor space	
Each Additional Table/ or 8ft floor space	\$200	[] Table [] Floor space	
Exhibitor Fees Due:			

Donations/Sponsorship Opportunities

Type of Support:	*Sponsor (yes or no)	Donate Amount
Wine & Cheese Event (Held Thursday Evening)		
Breakfast		
Breaks		
Total Donation 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 30, 2019 to:

Cathy Locallo

2439 S. Cedar Glen Dr.

Arlington Heights, IL 60005

Illinoishistology2017@gmail.com

Or, pay with PayPal via the ISH website

<http://illinoishistologysociety.org>