

Complete form and return to:

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VENDOR/EXHIBITOR APPLICATION

2015 FALL MEETING

October 23-25, 2015

Litchfield Beach Resort

Pawleys Island, SC

Company Name _____

Address 1 _____

Address 2 _____

City, State, Zip _____

Contact Person _____

Title _____

On-Site Person _____

Phone _____ **Fax** _____ **Email** _____

Each booth consists of 8 feet of space; 1 six foot table, draped and skirted; 2 chairs, and 1 trash can. Booths cost \$400.00 (electricity included). Additional booth space is \$150.00/table. Please indicate your preferences below.

Number of booths requested _____

Please indicate vendors you would prefer to be next to: _____

Please indicate vendors you would prefer NOT to be next to: _____

My company is willing to sponsor a door prize, attendee gift or speaker
SCSHT will contact you regarding door prizes, gifts, etc. _____

***Thank You for supporting the
South Carolina Society of Histotechnology!***

Your booth fee includes lecture attendance, Saturday luncheon, breaks and a contact list of all attendees.