TEXAS SOCIETY FOR HISTOTECHNOLOGY

42nd Annual Convention and Symposium Application to Exhibit
Omni Austin Hotel Southpark, 4140 Governors Row, Austin, Texas 78744
MAY 1-3, 2020

Exhibit Company:		
Address:		
City:	**State:**	**Zip:**
Phone: ( ) -	**Fax: ( ) -**	
Name of Contact:	**Title:**	
Signature:		
Email address:		

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MANNED BOOTH SPECIFICATIONS:

One 8x10 Draped Booth--$900.00 per booth (Includes one 6 foot table, two chairs, & one 110v electrical outlet X _____booth(s) $_____

Additional table with skirting--$100.00 X _____table(s) $_____

Additional electrical 110v outlet --$75.00 X_____ # of outlets $_____

Late fee after April 1, 2020--- $100.00 $ _____

TOTAL FEES OWED $_____

DONATIONS/SPONSORSHIPS:

I would like to co-sponsor a break for the amount of **$ _____**

I would like to sponsor an event for the amount of $ _____
Please contact for event sponsorship amount

I would like to sponsor a speaker for the amount of $ _____

For $100.00, TSH will place your company logo on the TSH website and all email correspondence throughout 2020.
I would like to take advantage of this offer: $ _____

Company Attendee's Name(s) & email address(es)

_____
_____
_____
_____
_____
_____
_____
_____
_____

Companies to avoid if possible:
_____
_____

Companies to be near if possible:
_____
_____

TSH is requesting that each exhibitor donate item(s) for our Annual Ticket Auction. Each attendee will be given tickets at registration. Tickets will then be used to bid on items donated by Exhibitors. Auction items should range from the small to large; from the educational to the fun. Thank you for your donation and participation in this event.

Will be donating items for the Annual Ticket Auction ___YES ____NO _____

Payment Method (US Funds Only)

☐ Check payable to "**Texas Society for Histotechnology**".

Please charge my ☐Visa, ☐MC, or ☐AE for the Grand Total Due: $_____

Credit Card#: _____

Expiration Date:_____ Security Code: _____

Card Holder's Name: _____

Card Holder's Signature: _____

Payment: Exhibitor agrees to pay all fees by April 10, 2020
Once your application is received and processed, you will receive an exhibitor confirmation packet. Please allow 2-3 weeks to process your request.

Mail application form and payment to:

Sandra Christiansen
844 Davis Road
League City, Texas 77573
Phone: 713-829-3238
e-mail: tshvendorexhibits@gmail.com
https://www.texashistology.com

BOOTH ASSIGNMENTS WILL NOT BE MADE UNTIL AN OFFICIAL COPY OF THIS APPLICATION WITH FULL PAYMENT IS RECEIVED.

Note: A list of attendees will be provided upon completion of the conference.

(FOR TSH USE ONLY)
Date Application received: _____ Total Fees: _____ Paid By- Credit: _____ Check #:_____
Booth Assignments(s): _____ Outlets Needed: _____ Other: _____ _____