

**ASCLS
MONTANA**

REGISTRATION FORM

**2007 ASCLS-MONTANA CONVENTION
APRIL 11 – 14, 2007**

COMPANY NAME:

COMPANY ADDRESS:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

NAME OF MAIN CONTACT PERSON FOR EXHIBIT SCHEDULING:

List names of all those representing your company that will be attending the conference:

- 1.
- 2.
- 3.

GENERAL INFORMATION ABOUT YOUR EXHIBIT:

NUMBER OF ELECTRICAL OUTLETS REQUIRED:
BRING YOUR OWN EXTENSION CORDS

Instruments you will Exhibit (include size, table-top, floor model, etc.):

NUMBER OF BOOTHS REQUESTING:
(\$400.00 First 8 Ft.Space, \$200.00 for Additional)

Would your company be interested in:	Sponsorship of One Coffee Break	YES	NO?
	Or		
	Sponsorship of Convention Speakers	YES	NO

Reply to: ACCLS-MONATNA SPRING CONVENTION
C/O Sherry Coulthard
Summit Laboratory
435 South Crystal, Suite 210
Butte, MT 59701
406-782-9132_{WORK} 406-723-7606_{HOME} 406-723-2230_{FAX}