



## Clinical Laboratory Collaborative Conference CLCC

*"Strength through Collaboration"*

January 20 2009,

Mark your calendars! The 2009 Clinical Laboratory Collaborative Conference will be held in Aurora, Colorado on **May 13<sup>th</sup>, May 14<sup>th</sup>, and May 15<sup>th</sup>, 2009**. This meeting is a collaboration between four laboratory organizations: ASCLS-Colorado, ASCLS-Wyoming, CACMLE (Colorado Association for Continuing Medical Laboratory Education) and the Colorado Centennial Chapter of CLMA. This is our sixth great year in the collaboration.

We cordially invite you to reserve an exhibition booth to represent your company at this impressive meeting for laboratory managers, technologists, students, educators and all those involved in Clinical Laboratory Science.

The Conference and Exhibits will take place at the **Red Lion Hotel Denver Southeast (formerly Denver Radisson Southeast), 3200 South Parker Road, Aurora, CO 80014**, Reservations: 303-695-1700. Booth space for 2009, booth rental will include a 9' x 5' space with one eight-foot table (cover & skirt), two chairs, need for electricity in the booth will need to be arranged prior to the opening of the exhibits, access to all sessions and one meal ticket per day per booth. Exhibit Times are set for 11:30 am to 2 pm on Wednesday, May 13<sup>th</sup>. 11:00 am to 2 pm on Thursday, May 14<sup>th</sup>, and 11:00 am to 2 pm on Friday, May 15<sup>th</sup>

To reserve a booth for this event, please complete the enclosed application and return it to us with your payment. **Make check payable to CLCC. DO NOT make checks out to Boulder Community Hospital.**

Please mail to: CLCC c/o Chuck Novak  
Boulder Community Hospital Laboratory  
PO Box 9019  
Boulder, CO 80301-9019

Upon receipt of your check, a booth will be reserved and you will be mailed a confirmation letter that will include shipping instructions and other pertinent information. **The deadline for booth applications is April 24, 2009.** After that date, booth rental will be on a space available basis and a late fee will be incurred.

If needed, the Tax ID for the Colorado Assoc. for Continuing Medical Laboratory Education, Inc. is **84-0633426**. For more information, please contact one of the Exhibitor Liaisons for this event:

**Chuck Novak**  
303 440 2343  
cnovak@bch.org

**Kyla Warren**  
307 220 3063  
kyla\_warren@bio-rad.com

Thank you for your consideration. We look forward to hearing from you.

Sincerely,  
Chuck & Kyla

# Clinical Laboratory Collaborative Conference

## Exhibitor Application Form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

In an effort to reach the correct contacts (whether it may be you or someone else in your company), please provide the contact information of the decision-maker in charge of attendance for this conference.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Names of representatives to be present at the booth (maximum of 4/booth at any one time):

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

	<u>If paid by 4/24/09</u>	<u>If paid after 4/24/09</u>
Please reserve ____ 1 booth	\$450	\$500
(check one) ____ 2 booths	\$900	\$950
____ 3 booths	\$1200	\$1200

The cost of a van will be \$450.00 per van. One van will be counted as one booth.

Non-profit organization pricing is ½ of the pricing above. A 501C3 and tax ID number must be presented with registration form.

Number of AMPS required \_\_\_\_\_

Do you require a 110V line? **Yes or No** How many? \_\_\_\_ (There will be an additional charge for multiple lines.)

Do you require a 220V line? **Yes or No** (There may be an additional charge.)

Please place my booth(s) next to these companies: \_\_\_\_\_

Please do not place my booth(s) next to these companies: \_\_\_\_\_

Special needs: \_\_\_\_\_

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## Sponsorship Form

In addition to (or instead of) reserving an exhibit booth, you may want to consider one of the following ways of supporting the CLCC.

### Be a Sponsor

**Yes or No**      Coffee Break      \$\_\_\_\_\_      preference of day? \_\_\_\_\_

**Yes or No**      Lunch      \$\_\_\_\_\_      preference of day? \_\_\_\_\_

Other (please describe) \_\_\_\_\_

### Provide Door Prizes/Items for Goodie Bags

**Yes or No**      I would like to provide a door prize(s) to be awarded during exhibit hours. I will be providing \_\_\_\_\_ items for this purpose.

**Yes or No**      I would like to provide items to be included in the participant bags. (We are planning on 300 participants.)

**Booth registration includes a lunch ticket for one person per day. Additional lunch tickets can be purchased for \$20 each.**

**Please feel free to attend General Sessions or the individual Breakout Sessions (may depend on availability of space).**