

2019



HAWAII CLINICAL LABORATORY CONFERENCE
KAPIOLANI COMMUNITY COLLEGE • MAY 15-16, 2019



2019 Hawaii Clinical Laboratory Conference

Leaders and representatives of our Clinical Laboratory community of Hawaii, Aloha Chapter of Clinical Laboratory Management Association, and American Society for Clinical Laboratory Science - ASCLS Hawaii are inviting your organization to participate in our 2019 Hawaii Clinical Laboratory Conference to be held on May 15 and 16, 2019 at the Kapiolani Community College Campus.

As in the past few years, we anticipate hosting over 300 laboratory professionals who will be presenting or attending over 30 workshops during this 2-day conference.. Please review the instructions below and complete the registration form to join us this year. We have a limited number of 6-foot tables available. Copies of this registration form and general information regarding the 2019 conference and exhibits may soon also be obtained on our website at:

<http://hiclinlabconference.org>

Additional information will be emailed upon registration, and will be posted on this website for all exhibitors, with shipping and accessories rental information.

Complete this form below and return it at your earliest as we have limited tables available this year.

- A fee of \$600 will be charged for each 6 ft table, but will only accept requests for an additional table at this time. Because we are limited in space this year, only table top instruments will be accepted (no floor model analyzers will be accept). Checks are payable to: CLMA ALOHA CHAPTER Conference. A link will be sent to you with instructions should you wish to pay by credit card. We will either email or fax a receipt of payment to you. Please fill out and return this registration form with payment Attn: Eben Chun at 1618 Silva St. Honolulu, HI 96819 or email: hawaiiexhibits@gmail.com or fax to: (808) 842-4773. If you have any questions, please call Eben at (808) 845-6644.

HCLC Exhibitor Registration Form

Company: _____ Contact/Title: _____

Telephone #: _____ E-mail: _____

Attendee: _____ E-mail: _____ Tel#: _____

Attendee: _____ E-mail: _____ Tel#: _____

Additional Attendee: _____

SPECIAL REQUESTS: _____

() check () credit card Fill in the name and email contact below for credit card:

name: _____ email: _____

\$600.00 per table (\$650.00 after April 15, 2019) + ____ (\$25 per extra lunch tkt). TOTAL

AMOUNT TO BE PAID: _____