



VENDOR REGISTRATION FORM

**11<sup>TH</sup> Annual QUAD SYMPOSIUM**  
**American Association for**  
**Laboratory Animal Science**  
**May 3 - 4, 2012**

*“QUAD 2012: Planning for the Unplanned”*

Contact Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Are you a National AALAS member? Yes \_\_\_ No \_\_\_ Please check (✓) AALAS Branch Membership(s):  
 Upstate New York \_\_\_ New England \_\_\_ Southern New England \_\_\_ Northern Mountain \_\_\_  
 List Other Branches \_\_\_\_\_

Display Table Selection:

Inside Table – tablecloth and literature only (24” Height MAX. ; <b>NO ELECTRICITY</b> ) _____ (✓) \$ 325	
Outside/Perimeter Table - pop up display allowed ( <b>WITH ELECTRICITY</b> ) _____ (✓) \$ 475	
Table Fee	\$

Meals:

Thursday’s meals include breakfast, plated chicken lunch and buffet dinner reception. Friday’s meal is breakfast only. Please indicate which meals each representative will be attending in order to reduce food costs and waste. The first representative’s fee is included with table fee. Additional representatives are \$100 each and include all meals.

Reception Beverage Tab:

If you would like to have your representatives run beverage tabs during the Buffet Reception Thursday evening May 3<sup>rd</sup> please indicate by checking “yes” below. This applies only to Mohegan Sun guests and will be charged directly to their hotel room.

Please indicate attendance/selection for each representative below with a ✓ for EACH meal.  
**Please help us contain costs by checking only those meals you plan to attend!**

	Representative’s name	Thurs Breakfast	Thurs. Chicken Lunch	Thursday Dinner Reception	Friday Breakfast	Beverage Tab Thursday Eve		First Representative included with Table Fee
		✓	✓	✓	✓	Yes	No	Fee Includes ALL Meals
1								No Charge
2								\$100
3								\$100
4								\$100
5								\$100
5+	For more representatives, please use an additional form							
<b>Representative’s Fees</b>								\$

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	Date _____	Batch No. _____	Invoice No. _____	Appcode: _____ 12/12 version

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**Sponsorship: Please indicate 1<sup>ST</sup>, 2<sup>ND</sup>, and 3<sup>RD</sup> choice. Full/shared sponsorship receives special recognition.**

CHOICE (circle)	Event	
1 2 3	Program Printing and Signage	<b>\$1,000</b>
1 2 3	Wednesday Evening QUAD Committee Dinner	<b>\$800</b>
1 2 3	Thursday Breakfast	<b>\$1,500</b>
1 2 3	Thursday Morning Break	<b>\$1,000</b>
1 2 3	Thursday Afternoon Break	<b>\$1,000</b>
1 2 3	Friday Breakfast	<b>\$1,500</b>
1 2 3	Friday Morning Break	<b>\$1,000</b>
1 2 3	Tech Challenge	<b>\$1000</b>
1 2 3	Poster Contest	<b>\$500</b>
1 2 3	General Sponsorship	<b>\$250 and ↑</b>
		<b>Sponsorship</b>
		<b>\$</b>

**Events may be co-sponsored (Minimum donation \$250)**

(Co-sponsoring with: \_\_\_\_\_)

Questions? Please contact Neil Weigle at 1- 800-638-9874 ext. 108 or [nweigle@lspinc.com](mailto:nweigle@lspinc.com)

<b>FINAL TOTAL due for Table Fee, Representative's Fees, and Sponsorship</b>	<b>\$</b>
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**DEADLINE – March 1, 2012**

**Registration Fees are payable by Check, Credit Card, or Money Order. Please be sure all information is correct, complete, and legible, or your registration may be delayed and incur additional fees. Absolutely no refunds after April 2, 2012!!**

Make Checks and Money Orders payable to: **QUAD SYMPOSIUM** (US Funds ONLY)

**Credit Card Payment \*:**

VISA    
  MasterCard    
  Discover    
  American Express

Account Number—please include all digits				Expiration Date (MMYY)	

Cardholder name: \_\_\_\_\_  
(print name exactly as it appears on card)

Cardholder phone number: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*Note: Registration forms with credit card payment will not be accepted if emailed but they may be sent via fax. Protect your Credit Card information! The QUAD Symposium is PCI compliant, and does not store credit card information in any database accessible from the internet.**

**Please send registration form and check / payment information to:**

**Jennifer Kieffer, DLAR 4159 WH  
 SUNY Upstate Medical University  
 750 East Adams Street  
 Syracuse, NY 13210  
 Fax: 315-464-4028**

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**Mohegan Sun Reservations**  
**1 Mohegan Sun Boulevard, Uncasville, CT 063821**

Hotel Reservations **are made directly with the Mohegan Sun** by the Hotel's website. The following URL link can be used to book reservations on-line through Passkey:

**<https://resweb.passkey.com/go/QUADSYMP12>**

Should guests prefer to call in their guestroom reservations, please use their toll-free phone number:

**1-866-708-1340**

**Be sure to use our Quad group code QUADSYMP12  
to qualify for our special symposium rate of  
\$179 per night (single or double occupancy)**

**Note: You MUST be a Registered QUAD VENDOR to  
solicit or display!!**

For additional information and directions visit [www.mohegansun.com](http://www.mohegansun.com)

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