



## Minnesota Association of Blood Banks 2010 Fall Meeting

On behalf of the Minnesota Association of Blood Banks (MnABB), we invite you to exhibit at our 2010 Fall Meeting. The meeting will be held on Thursday, September 23<sup>rd</sup> and Friday, September 24<sup>nd</sup> at Fitger's Hotel in Duluth, Minnesota.

The technologies and services your company provides are vital in helping us attain our goal of providing quality health care to communities throughout our region. We would like to provide an exhibit hall on Thursday, September 23<sup>rd</sup> (full day) and Friday, September 24<sup>th</sup> (1/2 day) that demonstrates our commitment to improve testing, patient safety, efficiency and state-of-the-art engineering for Blood Banks across Minnesota.

The enclosed application form includes exhibit fees of \$500 for a single booth (including lunch) or \$450 for a single booth plus a vendor donated door prize (including lunch). A single booth includes an 8x10 booth area with one display table, one chair, and one wastebasket. These fees will also include acknowledgement in our newsletter of your participation and a vendor dinner on Thursday night. Please return the application form along with the booth fees and if elected, door prize description, by 9/1/2010 to Eileen McConnell (address on the application form). Please contact Eileen McConnell (phone number 612-291-6782) if you have additional requirements.

There is no additional charge for electricity. You must provide your own power strips and extension cords. You can begin setting up Thursday, September 23<sup>rd</sup> at 8:00 am.

Refunds will be based on the following guidelines:

- If cancellation is made prior to 9/1/2010, a 50% refund will be given
- If cancellation is made on or after 9/1/2010, no refund will be given

We will be allotting short periods of time throughout the meeting for vendors to talk about their products if they so wish. Please check the box below the booth selection boxes if you wish to have time allotted for your company.

**The proposed dedicated exhibit time for our meeting will be:**

**Thursday, September 23 from 10:00 – 10:30 am  
12:00 – 1:15 pm  
3:00 – 3:20 pm**

**Friday, September 24 from 9:35 – 10:15 am**

Exhibit price includes both days. We ask that exhibitors be available for the exhibit dates and times listed above.

The MnABB board is looking for vendors to sponsor the break sessions. This would include snacks, deserts, and beverages during the chosen break session. Sponsorship would be noted in the brochure and sign(s) would be posted during the break session thanking the vendor. Please call Eileen McConnell (651-291-6782) if you are interested in sponsoring one of the breaks.

A confirmation and follow-up letter will be sent early September. We will also be sending you a copy of the 2010 Fall Meeting program flyer.

Your support through exhibiting at our meeting and your donations will be greatly appreciated. The continued support of exhibitors like you enables our organizations to continue to work toward the goal of providing excellent health care through our facilities across the region. We look forward to your participation at our 2010 fall Meeting.

For questions or further information, please feel free to contact:

*Eileen McConnell  
President, MnABB  
651-291-6782  
mccconnell@usa.redcross.org*

# Minnesota Association of Blood Banks

## Fall Meeting

**Request for exhibit space: 9/23/10 – 9/24/10**

### A. Exhibit Space (check one)

- Single booth (8x10) \$500 (includes exhibit fee + lunch)
- Single Booth (8x10) \$450 + door prize (includes exhibit fee, vendor door prize + lunch)
- Yes, I would be interested in a short (up to 5 minute) time slot during the meeting to talk about my company and products (no charge for this)
- I would be interested in sponsoring a break; Please contact me
- I would like to advertise in the MnABB newsletter, published twice a year for an additional \$50/year

### B. Exhibitor Information:

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

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

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

\* E-Mail Address: \_\_\_\_\_

*\*Information needed for follow up communication, please check for accuracy; all future communication will be by e-mail.*

**C. Authorized Signature:** \_\_\_\_\_

**Please return this application form and payment for booth, sponsorship, door prize, etc. by 09/1/2010 to:**

**Eileen McConnell  
5912 Grass Lake Terrace  
Minneapolis, MN 55419**

**Please make checks payable to: MnABB**