

AN INVITATION TO
Exhibit and Participate
AT

The Northeast Association for Clinical Microbiology
And Infectious Disease



23rd ANNUAL MEETING AND EXHIBITION

June 12 - 14, 2006

Holiday Inn Boxborough Woods
Boxborough, MA

DON'T MISS THIS GREAT OPPORTUNITY TO EXHIBIT AT THE
NACMID ANNUAL MEETING & EXHIBITION

Welcome to the Meeting

EXHIBITOR INFORMATION

- **Registration and Set-up: Monday, June 12, 8:00 A.M. to 3:00 P.M.**
- **Pre-Opening Exhibitor Meeting: Monday, June 13, at 4:00 P.M.**
- **Booth Breakdown: Wednesday, June 14 at 2:00 P.M.**
- **Exhibits open during AM/PM breaks and during lunches**
- **Wine and Cheese Reception in Exhibit Hall: Monday, June 12, 4:00 P.M. to 6:00 P.M.**
(Vendor Dress: Business Casual)
- **Free Lecture immediately following Wine & Cheese Reception in the Exhibit Hall**

EVENING KEYNOTE ADDRESS

MICROBIOLOGY IN FORENSICS

6:00 P.M. – 7:00 P.M.

(LOOK FOR MORE INFORMATION IN YOUR ANNUAL MEETING REGISTRATION BROCHURE COMING SOON)

PREVIOUS NACMID EXHIBITORS

- AB Biodisk N. A • Abbott Laboratories • Advanced Instruments • Alamar • Alexon-Trend Inc.
- Alpha-Tec Systems • Anaerobes Systems • Analytab Products, Inc. • Argene • Bartels, Inc.
- BBI-N.A. Clinical Laboratories • BD Diagnostic Instrument Systems • BD Microbiology Systems
- Beckman Instruments • Bio-Merieux Vitek • Bio-Rad • Biosite Diagnostics • Biostar • BioWhittaker
- Binax, Inc. • Bristol-Meyers Squibb • Cambridge Biotech Corp. • Carr-Scarborough Microbiology
- Cepheid CLS-CNE • NLTN • Curtin Matheson Scientific • Dade Behring Microscan
- Diagnostic Products Corp. • Diamedix • Diasorin • Difco Labs • Evergreen Scientific • Fisher Health Care
- Focus Diagnostics • Gene Ohm Sciences • Gene-Trak Systems • Gen-Probe • Gideon/Biotech • Glaxo Wellcome
- Hardy Diagnostics • Gull Laboratories • Haley Assoc., Inc. • Hemagen Diagnostics • Hybritech, Inc.
- Immunomycologies • Immunostics • Innovative Diagnostic Systems • Key Scientific Products
- Kramer Scientific Corp. • MBO Labs • Medical Chemical Corp. • Merck, Sharp & Dohrne
- Meridian Diagnostics, Inc. • Micro-Tech Optical Inc. • Micro Video Instruments • Miles, Inc.
- Murex Diagnostics • New England Path. Serv. • Nimble Gen Systems • Northeast ASM • Northeast Laboratories
- Olympus • Organon Teknika • Orion Diagnostica • Ortho Diagnostics • Oxoid • Pfizer
- PML Microbiologicals • Precision Dynamics Corp. • Remel • Roche Diagnostics Systems
- Sanofi Diagnostics Pasteur • Sarstedt • Scientific Device Lab, Inc. • Sensititre • Seradyn • Shandon
- Sheldon Manufacture, Inc. • Syva Co. • Trinity Biotech • Trek Diagnostics Systems • Wampole

ABOUT NACMID:

- Inception: July 1,1983
- Membership: Exceeding 500
- Dedicated to Scientific excellence and communication in clinical Microbiology and Infectious Diseases
- Membership includes decision makers i.e. directors, supervisors, etc.

Play Bingo with the Attendees: Each booth will be a square - attendees will have to visit each booth to be eligible to win a fabulous prize !

**MARK YOUR CALENDAR
TO EXHIBIT
AT THE NACMID ANNUAL MEETING &
EXHIBITION IN
2007**

PLACE & DATE TO BE ANNOUNCED

**CHECK US OUT
ON THE INTERNET -
<http://www.nacmid.org>**



P. O. BOX 219

**Pepperell, MA 01463
Email: postmaster@nacmid.org
FIRST CLASS**

LEVELS OF SUPPORT

The goal of our organization is to provide continuing education to the clinical microbiologists throughout this region. Our annual meeting program brings together speakers from every state throughout the country and topics that are suggested by our annual meeting attendees through attendance surveys to be voted on during our fall Board of Director's Meeting held in September every year.

As always we are in need of funding to support our educational efforts. Your contribution will help us to support individual speakers; to provide refreshments during our breaks and/or social functions or to defray the general expenses incurred at a meeting of this size.

The NACMID Board of Directors welcomes and appreciates your help by recognition of companies who provide us with financial support in the form of: 1) an unrestricted educational grant; 2) full sponsorship of a speaker to include the cost of transportation, transfers, hotel, meals and honorarium; 3) full sponsorship of a luncheon; 4) full sponsorship of a coffee break; 5) full sponsorship of the wine & cheese reception; or 6) full sponsorship of the social. In addition, your gift based on your contribution will place you in one of the following levels of support and its unique and highly useful benefits:

Please contact: Richard Koss

**Mount Auburn Hospital
Microbiology Laboratory**

Cambridge, MA 02318

Phone: (617) 499-5156 Fax: (617) 499-5718

Email: rkossmt@hotmail.com

PLATINUM: (≥ \$ 2000) Includes:

1. All booth fees
2. Wine & Cheese at your booth during reception
3. Priority booth selection
4. Tickets to Social
5. Free ½ page ad in Newsletter
6. Certificate and badge recognition
7. Your Home Page on our Website
8. Annual Brochure, Newsletter, and Website acknowledgement
- 9. Automatically receive organizational mailings for the current year**
10. Recognition at sponsored event and in annual meeting brochure
11. List of Annual Meeting attendees

GOLD: (\$1500-\$1999) Includes:

1. One booth fee
2. Items 5-11 listed under Platinum level

RUBY: (\$1000-1499) Includes:

1. One booth fee
2. Items 6-11 listed under Platinum level

EXHIBIT APPLICATION FORM

Exhibit Fees for 2006:

Booth Fee\$550/booth \$ _____
Second Booth\$450/booth \$ _____
Third\$350/booth \$ _____

If you are attending or unable to attend and would like to make an unrestricted contribution and receive company recognition, please fill out amount or call Rich at (617) 499-5156. Your donation is always appreciated. \$ _____

Total: \$ _____

PLEASE MAKE CHECK PAYABLE TO: NACMID

Reservation and payment of fee must be received by June 01, 2006. Requests received after June 01, 2006 will be considered **only** if space is available and arrangements can be made.

Application for Exhibit Space:

Company _____
(Please type name as it appears on your booth)

Address _____

City _____ State _____ Zip _____

Description of Product: _____

Contact person for Further Information and Communication:

Contact person _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ FAX Number _____

"800 toll-free number preferred if available"

EMAIL: _____

Company Home Page Address: _____

Please mail this completed form before June 01, 2006 with payment to: Susan Cohen, Microbiology Laboratory, New England Baptist Hospital, 125 Parker Hill Avenue, Boston, MA 02120 or fax this form to Susan Cohen at: (617) 754-6429

(Check Payments may be mailed to us separately as long as they reach us by the deadline)