



**SPRING MEETING
MARCH 19-22, 2024**

Striking It Rich with SCACM: 2024

**FRENCH LICK SPRINGS HOTEL
FRENCH LICK, IN**



**EXHIBIT CHAIRS:
MARY PLENZLER AND CAROL YOUNG**

SCACM EXHIBIT SPACE APPLICATION

Applications received before January 1, 2024, will receive priority space assignment. After January 1st, space assignment will be based on availability.

You may reserve space for your use in the Exhibit Area at the SCACM Annual Spring Meeting to be held at French Lick Springs Hotel in French Lick, IN. All registration will be done electronically (see "[Registration Links](#)" below).

Currently, we are also requesting registration for our state fall meetings (Illinois, Indiana, Kentucky, Michigan, Ohio, West Virginia and Wisconsin). We believe this will reduce the number of requests to our exhibitors and allow us to be more efficient in planning those meetings. Please register for as many as you wish to attend. There will be a second opportunity for fall exhibits in May!

Question regarding this process:

Carol Young youngc@umich.edu

(734) 417-7797

Mary Plenzler mplenzler@bex.net / mary.plenzler@promedica.org

(419) 236-5710/ (419)291-5794

Registration Fees:

Annual Spring Meeting	Fee
First exhibit booth (<i>includes 2 lunch tickets</i>)	\$700
Two booths (<i>includes 2 lunch tickets</i>)	\$1300
Three booths (<i>includes 2 lunch tickets</i>)	\$1900
Additional lunch tickets	\$50
Exhibitor Workshop	\$250/hour
Sponsor Coffee Break	\$500 - \$1,000
Educational Grant	Any amount
Fall State Meetings	Fee
Each state	\$400

Booth & Workshop Registration Links:

SCACM Spring Exhibit Space, Spring Workshops and Fall Exhibit Space Application 2024
<https://scacm27.wildapricot.org/event-5308575>

2024 SCACM Educational Grants
<https://scacm27.wildapricot.org/SCACM-Corporate-Partners/>

Hotel reservations:

[French Lick Resort \(request.com\)](http://request.com) use group code and password 0324SCA

EXHIBIT RULES & REGULATIONS

DATES & HOURS

Wednesday March 20, 2024

Installation.....12:00-5:00 PM
Exhibitors Meeting*.....3:00 PM
Exhibit Hours.....7:00-9:00 PM

*All exhibitors are requested to attend. Exhibit information will be provided at this meeting.

Thursday March 21, 2024

Exhibit Hours...10:15 AM -12:15 PM
Removal: 1:30 - 3 PM

Do not dismantle Exhibits before the 12:15 PM closing of the Exhibit Area.

Exhibit Fee includes 2 tickets for the Thursday Noon Luncheon. Additional lunches are \$50 per person, Exhibitors who want to attend the scientific sessions may do so without incurring any additional costs.

PLACE

Hotel Reservations

French Lick Springs Hotel
8670 West State Road 56
French Lick, IN 47432

Reservations: Rate available until February 18, 2024

On-line reservation link:

[French Lick Resort \(request.com\)](http://request.com)

Use group code and password 0324SCA
SCACM rate \$139.00 plus 13%

BOOTHS

Each booth will be 8' x 10' (Measure your displays carefully to make sure they fit the number of booths ordered.) and includes

- a 6' skirted table,
- two chairs,
- 8' high back curtain,
- 3' high side dividers,
- a 11" x 17" sign.

Electrical should be contracted directly with the hotel. Please complete attached form.

Other exhibit needs must be rented from Fern Exposition whose address and phone number can be found in the next column.

LIABILITY

Exhibitors shall assume all responsibility for their damage to the exhibit areas. Exhibitors are also responsible for their equipment.

ID BADGES

All exhibitors must wear the ID badge provided by SCACM while in the exhibit area.

ASSIGNMENT OF SPACE

Assignment of booth space and location will be made in the order received.

Registration and Payment must be received by March 11, 2024.

The floor plan for the Exhibit Area is attached. SCACM reserves the right to rearrange the floor plan and/or relocate individual exhibits.

SHIPPING INSTRUCTIONS

All shipments must be prepaid and arrive by March 18, 2024. Each package shipped must have the following information on the label

1. Your Company's Name
2. Show Name:
SCACM Meeting, March 20-21, 2024
3. Booth Number (To be provided by SCACM)

A service kit with preprinted labels will be sent to all exhibitors

Ship Exhibit Materials to:

c/o Fern Expositions
3752 Crittenden Drive
Louisville, KY 40209

MUST ARRIVE BY March 18, 2024

No show site deliveries will be accepted.

Fern Exposition Contact:

Exhibitorservices@fernexpo.com

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. South Central Association for Clinical Microbiology, Inc.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> S Corporation
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Trust/estate	
<input checked="" type="checkbox"/> Other (see instructions) ▶ 501(c)3 non-profit corporation	
5 Address (number, street, and apt. or suite no.) See instructions. 6725 W. Central Ave. Suite M309	Requester's name and address (optional)
6 City, state, and ZIP code Toledo, Ohio 43617	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
OR	
Employer identification number	
2	3
-	7
1	4
8	0
2	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>William A. Heinrich, Treasurer</i>	Date ▶ <i>01/02/2024</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

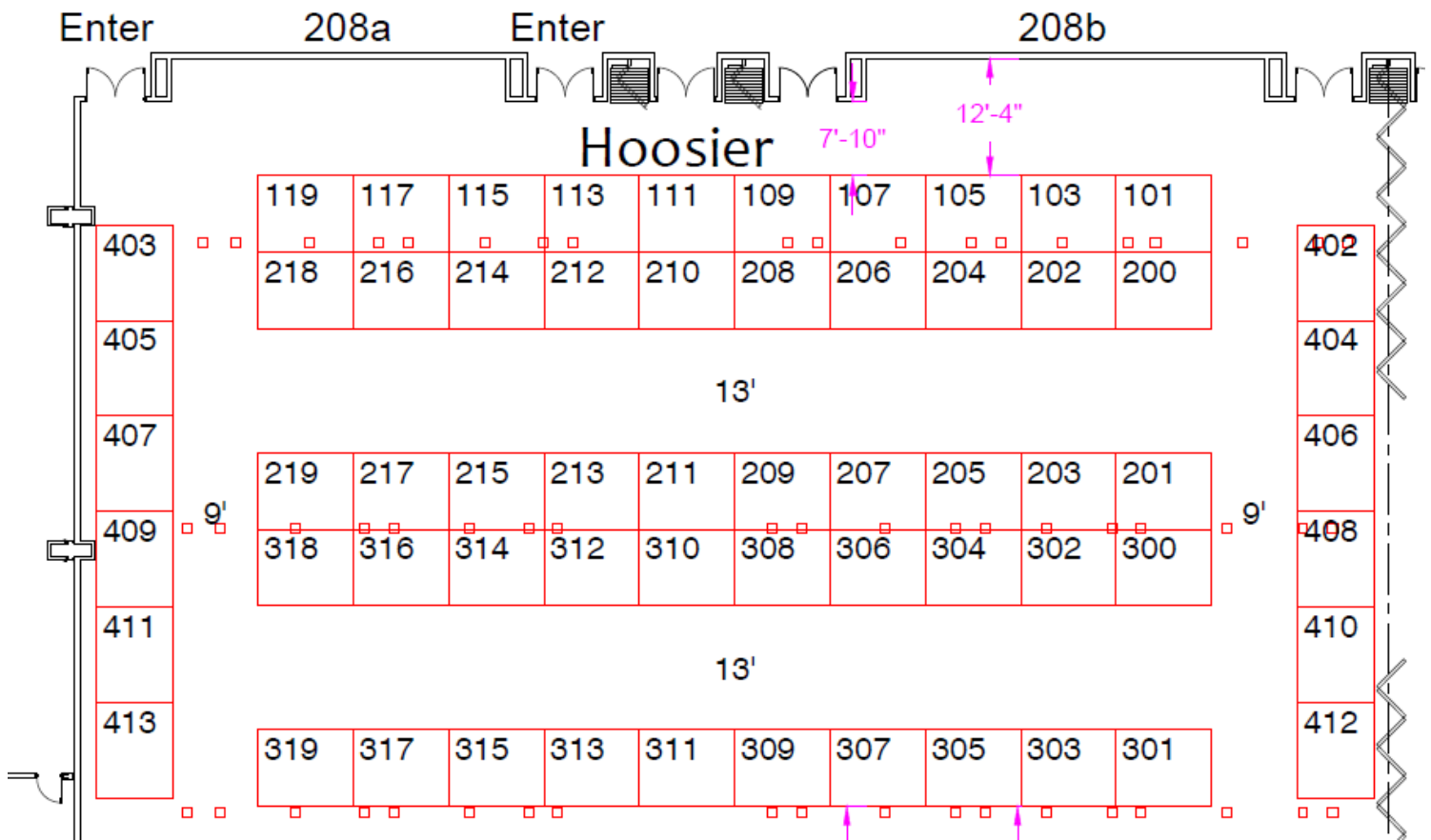
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

SCACM EXHIBIT FLOOR PLAN

EXHIBIT ENTRANCE



WORKSHOP OPPORTUNITY FOR EXHIBITORS

<https://scacm27.wildapricot.org/event-5308575>

The SCACM Board of Directors is pleased to announce that exhibitors have the following dedicated-session opportunities to present workshops at our annual SCACM meeting at French Lick Springs Hotel:

Tuesday March 19, 2024			Wednesday March 20, 2024			Friday, March 22, 2024		
Time	Duration	Meal that Exhibitor provides attendees	Time	Duration	Meal that Exhibitor provides attendees	Time	Duration	Meal that Exhibitor provides attendees
7-8 am	1-hour	Breakfast	8-10 am	2-hour	Breakfast	7-8 am	1-hour	Breakfast
			10:15-11:15 am	1-hour	none			
12-1 pm	1-hour	Lunch	11:30 am-1:30 pm	2-hour	Lunch	Sessions will be assigned on a first come basis. Workshop Room + AV expenses are \$250 for 1-hour & \$500 for 2 hours.		
5-7 pm	2-hour	Dinner	1:45-2:45pm	1-hour	none			
			3:00- 4:00	1-hour	none			
			4::00-5:00pm	1-hour	none			
			5-7 pm, prior to Exhibit Grand Opening	2-hour	Dinner			

The SCACM sponsored workshops will be held on Tuesday, March 19, 2024, 8am-12pm & 1-5pm, so they will not conflict with the exhibitor workshops. Having workshops on Tuesday + Wednesday will provide additional continuing education opportunities for our membership and dedicated exhibitor sessions.

Exhibitor Responsibilities	SCACM Responsibilities
Topic and speaker(s)	Meeting room(s) block
Travel/Accommodation for speaker	Electronic Workshop Registration form with your topic and speaker info that you upload or email
Submit Workshop details for electronic Registration form	Link for Workshop Registration form to place into own advertisement materials
Arrange with hotel:	Workshop listed in SCACM Upcoming Events
Food and/or beverages	Registration-confirmations emailed to one, specified email
AV	Exhibitor website on which can share workshop and speaker info including speaker handouts
Meeting room fee \$250/hour	Meeting email blasts to 1,500+ contacts
Program & printed materials	Attendee Registration printed list for Registration table
Evaluations	Excel Attendance list emailed 1-2 weeks after workshop
CEU's	
All expenses related to workshop	

Please contact **Carol Young**, SCACM Exhibitor Workshop Chair, to reserve a session: **Cell: (734) 417-7797** Email: youngc@umich.edu



FRENCH LICK RESORT®

FRENCH LICK • WEST BADEN • INDIANA

RES ID: [] Booth #: []

Exhibitor Order Form

Event Information

Event Name: [] Dates: []

Contact Information

Company Name: [] On-Site Contact: []

Electrical (Includes (1) Extension Cord)

	Quantity	Days	Daily Rate	Item Total
120 Volt Outlet (Maximum 20 Amps or 2,200 Watts)	[]	[]	\$ 50.00	[]
208 Volt Outlet (Maximum 20 Amps or 3,600 Watts)	[]	[]	\$ 80.00	[]
208 Volt Outlet (Maximum 20 Amps or 6,000 Watts)	[]	[]	\$ 90.00	[]
208 Volt (31-50 amp) - Exhibition Hall/Windsor Only	[]	[]	\$ 100.00	[]
208 Volt Outlet (0 - 20 amps - 2 wire conductor) - Hoosier Only	[]	[]	\$ 125.00	[]
Additional Power Strip and Extension Cord	[]	[]	\$ 30.00	[]
<i>Specify 208 Plug Type:</i> []			Electric Total:	[]

Please provide plug configuration for any non standard 120 volt power needs.

Audio/Visual

	Quantity	Days	Daily Rate	Item Total
55" LCD Display (Includes 6' stand, cables and technical support)	[]	[]	\$ 300.00	[]
65" LCD Display (Includes 6' stand, cables and technical support)	[]	[]	\$ 400.00	[]
80" LCD Display (Includes 6' stand, cables and technical support)	[]	[]	\$ 500.00	[]
Blu-Ray Player	[]	[]	\$ 75.00	[]
Windows Laptop	[]	[]	\$ 200.00	[]
LED Uplight	[]	[]	\$ 75.00	[]
Video Cables (VGA, HDMI, ET etc.)	[]	[]	\$ 25.00	[]
5' Easel	[]	[]	\$ 20.00	[]
<i>All Audio-Visual rentals are subject to a 22% service fee</i>			AV Total:	[]

Equipment

	Quantity	Days	Daily Rate	Item Total
Rug (Mandatory for Vendors Cooking / Using Fryer)	[]	[]	\$ 20.00	[]
Pallet Jack	[]	[]	\$ 50.00	[]
Facility Personnel - By the Hour	[]	[]	\$50.00 /hr	[]
Genie Personal Lift <i>*Must be operated by facilities personnel</i> Time: []	[]	[]	\$ 400.00	[]
Fork Lift <i>*Must be operated by facilities personnel</i> Time: []	[]	[]	\$ 400.00	[]
			Equipment Total:	[]

***There will be a \$75 charge for any items added day of the event**
Any Unreturned or Damaged item may result in extra fees*

Sub Total:	[]
7% Sales Tax:	[]
22% AV Service Fee:	[]
Total:	[]



FRENCH LICK RESORT®
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RES ID: _____ Booth #: _____

Exhibitor Payment Form

Event Information

Event Name: _____ Dates: _____

Contact Information

Company Name: _____

Address: _____
 _____ City State Zip Code

On-Site Contact Name: _____

Email: _____ Cell Phone: _____

Payment Information

For your security, DO NOT write the credit card number on this form. A Resort Revenue Agent will contact for payment information prior to your event. Please check the box below if you would like a copy of your receipt.

Cardholder Signature: _____

Receipt

Address: _____
 _____ City State Zip Code

Phone Number: _____ Last Four Digits of Credit Card: _____

Total Amount to be charged _____ (from pg.5)

Disclaimer

The resort is not responsible for any lost, stolen, damaged, or misdirected equipment, personal items, or business related property brought onto the premises by an Exhibitor, Guest, Group Contractor, etc. This includes items that are in Resort facilities outside of event hours.

This Form along with the Completed Exhibitor Order Form must be received a minimum of 3 Weeks prior to your arrival.
 Please email to exhibitor@frenchlick.com. for any questions please call 812-936-5824.

If you are having items shipped to the resort be sure to use the attached shipping label

**** Do Not Write Below - For French Lick Resort Office Use Only ****

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV Code: _____

EDUCATIONAL ACTIVITY FUNDING OPPORTUNITIES

<https://scacm27.wildapricot.org/SCACM-Corporate-Partners/>

At previous SCACM meetings, many vendors have chosen to provide funding to support various activities occurring during the meeting. This support has the tremendous impact of keeping our meeting costs low and the quality of the educational program high, so that SCACM continues to be the premier clinical microbiology event at an affordable cost to bench level technologists.

Examples of support that has been provided in the past:

1. Unrestricted educational grants
2. Direct sponsorship of speakers (travel expenses, etc.)
3. Funding for coffee breaks, social activities, etc.
4. Purchase Audioconferences (live/recorded) for our drawings during exhibit hours.

If your organization is interested in providing support in this manner, or if you have any questions, please contact:

Alissa Lehto-Hoffman / Mike Brandon
SCACM Spring Program Coordinators
574-220-0818

E-mail: alissa@scacm.org
alehtohoffman@gmail.com

Or

Matt Ohlin
Corporate Liason
760-707-7955
Email: matthew.ohlin@roche.com