

2026 HEMATOPATHOLOGY UPDATE

JUNE 14-17, 2026
REYKJAVIK, ICELAND



UNITED STATES AND CANADIAN
ACADEMY OF PATHOLOGY

New Opportunity for Co-Sponsorship of Hematopathology Update in Reykjavik, Iceland

ANTICIPATED REGISTRATION IS BETWEEN 100-150.

Tabletop exhibit space fee is \$1,500 (includes table, chair, company ID card).

Your \$5,000 co-sponsorship (limited to first 2 companies to confirm) of the 2026 Hematopathology Update will include:

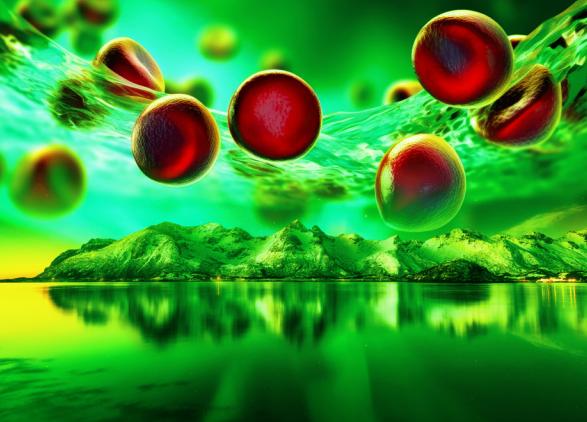
- **Acknowledgement** at the start of the course and in conference materials
- **Logo** on attendee badges
- **2-3 minutes podium time** at Opening Reception
- Supporter acknowledgement on session **Hold Slides** (text only)
- **Signage** at scheduled Breakfasts, Coffee Breaks, and Opening Reception

One complimentary full registration (\$1,999 value!)

Visit the event details [here](#) and we look forward to working with you on shaping this unique support opportunity!

Please contact:
Kristofer Herlitz, DES, HMCC
kris@herlitz.com
office: 845-243-2906 / cell: 914-424-4247





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APPLICATION FOR EXHIBIT SPACE

Please complete this application, and return to: **Phone: (845) 243-2906**
Email: kris@herlitz.com

Agreement between the provider, United States and Canadian Academy of Pathology ("USCAP"), and buyer,

agrees to abide by all the Guidelines for Exhibiting outlined in the following terms:

1. The character of the exhibits is subject to approval by USCAP. USCAP reserves the right, even after an application is received, to refuse applications of concern not meeting standards required or expected, as well as the right to curtail or to close exhibits or parts of exhibits that reflect unfavorably on the character of the meeting. This applies to displays, literature, advertising, novelties, souvenirs, conduct of persons, etc.
2. Canvassing or distributing any material outside the Exhibitor's own space is not permitted.
3. Publicizing and/or maintaining any extracurricular activities, inducements, demonstrations, or displays away from the exhibit area during the dates of the meeting is not permitted.
4. By signing this agreement, the exhibitor agrees to make all payments by the payment due date.

Signature

Date

Name of buyer

Organization

Street Address:

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Exhibit Fee: **Tabletop (\$1,500)** **Co-Sponsorship (\$5,000)**

Payment: Payment (check or credit card) should accompany the Exhibitor Application. Checks should be payable to USCAP and mailed to: The Herlitz Company, 108 Montgomery Street; Ste. 205, Rhinebeck, NY 12572-1106. Electronic transfer information available on request.

Credit Card Authorization: MC _____ VISA _____ AMEX _____ Discover _____

Card Number: _____ **Expiration:** _____ **CCV:** _____

Amount \$ _____

Name on Card: _____ **Signature:** _____