



2008 Exhibitor Application Form

IMPORTANT: Instruction for credit card payment: All credit card payments will be processed on line. Please go to the web site: www.visioncare.org/_conference/Exhibitors.php and fill out the on line application form, then follow the instructions to pay with credit card. Once you have completed the on line application, you are registered and do not need to fill out or mail in this form.

Company Name: _____

Company Description: _____

Address: _____

City/ State/ Zip: _____

Phone: _____ Fax: _____

Exhibitor Contact: _____

Exhibitor Contact E-mail: _____

There are **no** continuing education or functions scheduled during exhibit hours.

Lunch and hors d'oeuvres provided for attendees

Booth Prices			
	Price per 8x10 booth		Quantity
	On or before February 28	After February 28	
Standard Booth 8 x 10	\$755	\$855	\$
Additional Booth	\$655	\$755	\$
Total			\$

Booth Preference

1st Choice: _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____

List companies you do not wish to be placed near: _____

Representatives (maximum five per booth)

1. _____ 2. _____
3. _____ 4. _____ 5. _____

Mail this document **with** booth registration fee to:
 Jean DeMoss, O.D., F.A.A.O
 3770 S. Ames St.
 Denver, CO 80235

For CVS Use Only:

Date Rec: _____ Order Received: _____

Total Enclosed \$: _____ Check #: _____

BOOTH #: _____