



THE 14TH ANNUAL DOWNEAST OPHTHALMOLOGY SYMPOSIUM

OCTOBER 2-4, 2015
HARBORSIDE HOTEL AND MARINA, BAR HARBOR, MAINE

EXHIBITOR REGISTRATION

Complete the information below and return form with full payment - **Please print**

Company Name _____ Web Site _____
Company name must be listed exactly as you wish it to appear in any official publications

Company Address _____

Contact Person _____ Tel _____ Fax _____ E-Mail _____

Representative(s) Attending Conference

Information below will be used for name badges & attendance lists; if you plan to bring a guest, there is an additional charge. See below.

Name/Address _____

E-Mail _____ Tel _____ Guest Name _____

Name/Address _____

E-Mail _____ Tel _____ Guest Name _____

SPACE IS LIMITED - RESERVE NOW - DON'T MISS OUT!!!

EXHIBITOR REQUIREMENTS

EXHIBIT FEE: \$1,000 (PER TABLE) Tables 6' x 30" with skirting, chairs.

ELECTRICAL POWER : ___ I **do** require electrical power ___ I **do not** require electrical power
(Extension cords must be provided by each individual exhibitor) Please contact Shirley Goggin at 207-445-2260 for further assistance

Each exhibiting company will be allowed up to 2 complimentary meal tickets for the Friday Evening Lobster Bake for each table purchased (i.e. if a company purchased 2 tables they will receive 4 tickets). Companies who have more than two representatives attending the conference, or who have guests accompanying their representatives, are asked to pay the \$75 per person guest fee for the additional representatives and/or guests who wish to participate in the lobster bake. Please complete the following so that we may keep an accurate count:

Friday Lobster Bake - # of persons _____ (\$75 per person for over complimentary tickets)

Exhibit Fee (\$1,000 per table)	\$ _____
<u>Additional</u> Guest Fee (@ \$75 pp)	\$ _____
Total Amount Due	\$ _____
<i>Make checks payable to:</i>	
Downeast Ophthalmology Symposium Tax ID # 010363625	
<i>Return Completed Form with Payment to:</i>	
Downeast Ophthalmology Symposium P.O. Box 190. Manchester. ME 04351	

No registrations will be accepted without payment. Payment by check is preferred. Cancellations prior to August 31, 2015 will be subject to a \$50.00 administrative fee. No refunds of exhibit fees will be granted after August 31, 2015.

Please charge my: Visa MasterCard

Card #: _____ CCV: _____ Exp: _____

Signature: _____

Printed Name: _____

Address Associated w/Card: _____

Please contact Shirley Goggin, 207-445-2260 or sgoggin@mainemed.com with any questions or concerns.