Exhibitor Listing: Deadline December 13, 2019

An informal company listing will be included in the symposium program to be distributed to attendees of the meeting. The listing is provided as a service to attendees and a benefit to exhibitors. All information, including your company name, will appear in the program exactly as you specify here. Please be precise in providing information. You may submit amendments or revisions to this listing, in writing, to the Exhibit Manager.

Check if to use contact information written above

Company

Street Address

City  State  Zip Code

Submitted by

Signature

Contact Person

Email (required)

Phone  Fax  Website

Exhibition Space

NUMBER OF BOOTH(S) REQUESTED:

Standard Placement Options:
___ $3,000 ... 6' Tabletop
___ $6,000 ... 10x10' Booth

Premium Placement Options:
___ $5,000 ... 6' Tabletop (tables 34-44)
___ $8,500 ... 10x10' Booth (booths 902-918)
___ $10,500 ... 10x10' Outside Hallway Booth (booths 1000-1010)
___ $16,000 ... 10x20' Booth (booths 902-918)
___ $20,000 ... 10x20' Outside Hallway Booth (booths 1000-1010)

Will you be displaying a piece of freestanding diagnostic equipment?  Yes  No

Exhibitor Cancellation Policy

Any exhibitor who wishes to release assigned space must do so 90 days prior to the meeting to be refunded all fees paid to date minus a $750 administrative fee. For cancellations of space within 89 days of the meeting, the exhibitor will be responsible for 100% of the entire booth fee. In the event the exhibit hall is sold out and we are able to resell your booth space, the cancellation penalty will be 50% of the rental charge.

Booth Preferences

Please list four choices of exhibit space (list booth number from exhibit hall floor plan enclosed). It is suggested that you do not concentrate your choices in one area because many Exhibitors may choose the same area. The meeting reserves the right to rearrange the floor plan or relocate booths.

Preferences:
First  Second  Third  Fourth

List any exhibitor you do not wish your exhibit to be near:

List any exhibitor you do wish your exhibit to be near:

Premier Exhibitor

Do you want to upgrade to a Premier Exhibitor listing for an additional $2,000?  Yes  No

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Payment

You are hereby authorized to reserve the exhibit opportunities indicated below for use at The Meeting. This application is made with the understanding that the applicant agrees to abide by all rules, requirements, restrictions and regulations set forth in this agreement or as may be especially designated by The Meeting, AMS and their agents. Failure to abide by such rules and regulations results in forfeiture of all moneys paid or due Management under terms of this agreement. Exhibit hall listing and exhibit space are not available separately.

The undersigned agrees to include a 50% deposit toward the package fee when submitting this application. Full payment of exhibit space is due by November 14, 2019.

Enclosed is my check made payable to “Cataract Surgery: Telling It Like It Is Meeting”

I wish to use my credit card to pay for exhibit space:
  ✔ Visa  ✔ MasterCard  ✔ American Express

Credit Card Number  Exp. Date  3-4 Digit Security Code

Fax, Mail or Email this Form

Fax to:  Attn: Stephanie Burleigh • 856-848-3522
Mail to:  Attn: Stephanie Burleigh
Cataract Surgery: Telling It Like It Is Meeting • 6900 Grove Road • Thorofare, NJ 08086-9447
Email to: exhibits@contactAMS.com

Questions?

Contact Stephanie Burleigh at 202-441-9025 or visit www.contactAMS.com