QUICK LINK TO REGISTRATION: http://www.neos-eyes.org/app/exhibitor/all/

Online Payments
You may register easily and quickly for exhibitor space online from our website homepage: www.neos-eyes.org, or you may go directly to the page: http://www.neos-eyes.org/app/exhibitor/all/ You must pay by credit card (Mastercard or Visa) for any online meetings you select. Payment must be in full for number of meetings requested, no partial payments can be accepted online.

Type or Print clearly – all information must be provided

PLEASE RESERVE EXHIBIT SPACE FOR:

COMPANY NAME ____________________________________________

exact as you wish it to appear in the printed program

ADDRESS ____________________________________________________

_________________________________________________________

TELEPHONE (____) __________________ FAX (____) _____________

EMAIL ____________________________________________________

WEB SITE __________________________________________________

CONTACT PERSON ____________________________________________

(For this meeting) name __________________ email________________

We would like to exhibit at the following meeting(s) at the indicated level:

☐ October 20, 2017 ☐ $1,000 exhibitor
HYNES CONVENTION CENTER ☐ $3,500 sponsor
(peds; cataract; omp and oa meetings)

☐ December 1, 2017 ☐ $ 685 exhibitor
(dry eye/ocular surface;ethics/risk mgt) ☐ $2,625 sponsor

☐ March 9, 2018 ☐ $ 685 exhibitor
(post.seg surgery;innovations) ☐ $2,625 sponsor

☐ April 20,2018 ☐ $ 685 exhibitor
(glaucoma;infections) ☐ $2,625 sponsor

☐ June 1, 2018 ☐ $ 685 exhibitor
(complications; subday - neuro;trauma;uveitis)

☐ All five individually:☐ $3,740 exhibitor
15% discount when paid in full in advance ☐ $3,179 exhibitor
☐ $14,000 sponsor
☐ $11,900 sponsor

ENCLOSED IS A CHECK PAYABLE TO NEOS IN THE AMOUNT OF $__________

Payment must be received prior to meeting date or booth will not be held.

PLEASE RETURN FORM AND CHECK TO:
NEOS
PO BOX 9165, BOSTON, MA  02114
FAX:  617/367-4908
Email: neosjudy@aol.com