

**NEW ENGLAND OPHTHALMOLOGICAL SOCIETY
EXHIBITOR REGISTRATION FORM - 2017-2018**

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 _____
exactly as you wish it to appear in the printed program

ADDRESS _____

TELEPHONE (____) _____ **FAX** (____) _____

EMAIL _____

WEB SITE _____

CONTACT PERSON _____
(For this meeting) name email (if different than above)

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

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> October 20, 2017
HYNES CONVENTION CENTER
(peds; cataract; omp and oa meetings) | <input type="checkbox"/> \$1,000 exhibitor
<input type="checkbox"/> \$3,500 sponsor | <input type="checkbox"/> April 20, 2018
(glaucoma; infections) | <input type="checkbox"/> \$ 685 exhibitor
<input type="checkbox"/> \$2,625 sponsor |
| <input type="checkbox"/> December 1, 2017
(dry eye/ocular surface; ethics/risk mgt) | <input type="checkbox"/> \$ 685 exhibitor
<input type="checkbox"/> \$2,625 sponsor | <input type="checkbox"/> June 1, 2018
(complications; subday - neuro; trauma; uveitis) | <input type="checkbox"/> \$ 685 exhibitor
<input type="checkbox"/> \$2,625 sponsor |
| <input type="checkbox"/> March 9, 2018
(post.seg surgery; innovations) | <input type="checkbox"/> \$ 685 exhibitor
<input type="checkbox"/> \$2,625 sponsor | <input type="checkbox"/> All five individually: | <input type="checkbox"/> \$ 3,740 exhibitor
<input type="checkbox"/> \$14,000 sponsor
<input checked="" type="checkbox"/> \$ 3,179 exhibitor
<input type="checkbox"/> \$11,900 sponsor |
- 15% discount**
when paid in full in advance

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