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:

☐ September 30, 2016 ☐ $1,000 exhibitor
HYNES CONVENTION CENTER ☐ $3,500 sponsor
(cornea-refractive/neuro; ophthalmic and ocular meetings)

☐ April 21, 2017 ☐ $ 685 exhibitor
( imaging/surgical comp) ☐ $2,625 sponsor

☐ December 2, 2016 ☐ $ 685 exhibitor
(ethics/risk mgt; cataract) ☐ $2,625 sponsor

☐ June 2, 2017 ☐ $ 685 exhibitor
(glaucoma/controversies) ☐ $2,625 sponsor

☐ March 3, 2017 ☐ $ 685 exhibitor
(Retina; subspecialties: retina/plastics/uveitis)
☐ $2,625 sponsor

☐ All five: ☐ $ 3,740 exhibitor
15% discount ☐ $11,900 sponsor
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