

**NEW ENGLAND OPHTHALMOLOGICAL SOCIETY
EXHIBITOR REGISTRATION FORM - 2016-2017**

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; omp and oa 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: \$2,625 sponsor
retina/plastics/uveitis)

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