

**NEW ENGLAND OPHTHALMOLOGICAL SOCIETY
EXHIBITOR REGISTRATION FORM - 2019-2020**

QUICK LINK TO REGISTRATION: <https://neos-eyes.org/conference/exhibitor/2019-2020/>

Online Payments

You may register easily and quickly for exhibitor space online from our website homepage: www.neos-eyes.org. You must pay by credit card (Mastercard, Visa, AmEx) 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 6, 2019 \$685 exhibitor
(Future of Ophth; Ethics/Risk Mgt) \$2,625 sponsor

April 24, 2020 \$ 685 exhibitor
(Pharma&therapeutic update/retina) \$2,625 sponsor

November 1, 2019 \$1,000 exhibitor
(Glaucoma; Cataract; OMP ann. mtg) \$3,500 sponsor

June 5, 2020 \$ 685 exhibitor
(trauma; subday: neuro uveitis; peds) \$2,625 sponsor

BU SHERMAN HALL

March 13, 2020 \$ 685 exhibitor
(Cornea; Hot topics) \$2,625 sponsor

All five individually: \$3,740 exhibitor
 \$14,000 sponsor

15% discount \$3,179 exhibitor
when paid in full in advance \$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