

**NEW ENGLAND OPHTHALMOLOGICAL SOCIETY  
EXHIBITOR REGISTRATION FORM - 2014-2015**

**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](http://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)

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

- |  |   |
|--|---|
| <input type="checkbox"/> <b>September 5, 2014</b> <input type="checkbox"/> \$ 685 exhibitor<br>Retina/Cataract <input type="checkbox"/> \$2,625 sponsor                  | <input type="checkbox"/> <b>April 10, 2015</b> <input type="checkbox"/> \$ 685 exhibitor<br>Controversies/Plastics <input type="checkbox"/> \$2,625 sponsor                     |
| <input type="checkbox"/> <b>December 12, 2014</b> <input type="checkbox"/> \$ 685 exhibitor<br>Cataract/Uveitis <input type="checkbox"/> \$2,625 sponsor<br>OMP meetings | <input type="checkbox"/> <b>June 5, 2015</b> <input type="checkbox"/> \$ 685 exhibitor<br>Glaucoma/Sub day <input type="checkbox"/> \$2,625 sponsor<br>Neuro/Peds/Cornea        |
| <input type="checkbox"/> <b>March 6, 2015</b> <input type="checkbox"/> \$ 685 exhibitor<br>Refractive/Ethics/Risk mgt <input type="checkbox"/> \$2,625 sponsor           | <input type="checkbox"/> <b>All five:</b> <input type="checkbox"/> \$ 2,910 exhibitor<br>15% discount <input type="checkbox"/> \$11,150 sponsor<br>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](mailto:neosjudy@aol.com)**