



THE 24TH ANNUAL DOWNEAST OPHTHALMOLOGY SYMPOSIUM
SEPTEMBER 19-21, 2025
HARBORSIDE HOTEL, BAR HARBOR, MAINE



EXHIBITOR REGISTRATION

It is essential that your company name be listed here exactly as you wish it to appear in official publications. **Please print.**

Company Name _____ Website _____

Company Address _____

Contact Person _____ Tel _____ E-Mail _____

Representative(s) Attending Symposium

Information below will be used for name badges & attendance lists. Guest Name is for Friday evening activities (extra charge).

Friday evening activities are not included in exhibit registration fee (extra charge handled separately).

Name/Address _____

E-Mail _____ Tel _____ Guest Name _____

Name/Address _____

E-Mail _____ Tel _____ Guest Name _____

SPACE IS LIMITED – RESERVE NOW – DON'T MISS OUT!!!

Registrations will be numbered as they come in with payment in the event space availability is issue.

EXHIBITOR REQUIREMENTS

EXHIBIT FEE: \$1,600 (PER TABLE/SPACE) Tables 6' x 30" with skirting, chairs. Floor equipment may alter use of table.

Two representatives per table. Multiple tables may be purchased by one company at a discounted rate.

ELECTRICAL POWER: ☐ I do not require electrical power

☐ I do require electrical power (*Extension cords must be provided by each individual exhibitor*)

Would prefer not to be placed near (list competitors in case they are exhibiting): _____

Will you have a Tabletop Banner/Tall Display? ☐ Yes ☐ No

Will you have a Floor Banner (s)? ☐ Yes ☐ No

Will you have floor equipment? ____ Yes ____ No

Exhibit Fee (\$1,600 per table) \$ _____

Total Amount Due \$ _____

Payment by check is preferred. *Please return this registration form whether paying by check or credit card.*

Make checks payable to:

Downeast Ophthalmology Symposium

Return Completed Form with Payment to:

Downeast Ophthalmology Symposium
P.O. Box 190, Manchester, ME 04351

sgoggin@mainephysicians.org

To Pay with Credit Card:

Scan QR Code to right or use link for processing through the Maine Medical Association's website:

<https://mainephysicians.org/make-a-payment/>

It is important to indicate 'DOS 2025 Exhibit' in the 'What is this for?' field.

Payment will be made by:

☐ Check
Ck#

☐ Credit Card



Participation in Friday evening events will be handled separately.

By registering to exhibit for this event, you consent to the use of any photographs or videos taken during the event for promotional purposes. This includes, but is not limited to, use on our website, in slideshows, and in advertising and marketing materials.

No exhibit registrations will be finalized without payment. Cancellations prior to August 19th will be subject to a \$250.00 administrative fee. No refunds of exhibit fees will be granted after August 19, 2025.

**Please contact Shirley Goggin
with any questions:
sgoggin@mainephysicians.org
or 207-445-2260**