



# THE 18TH ANNUAL DOWNEAST OPHTHALMOLOGY SYMPOSIUM

SEPTEMBER 20-22, 2019  
HARBORSIDE HOTEL AND MARINA, BAR HARBOR, MAINE

## EXHIBITOR REGISTRATION

Complete the information below in full and return form with full payment - **Please print**

Company Name \_\_\_\_\_ Web Site \_\_\_\_\_  
*Company name must be listed exactly as you wish it to appear in any official publications*

Company Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Tel \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

### Representative(s) Attending Conference

*Information below will be used for name badges & attendance lists*

Name/Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Tel \_\_\_\_\_ Guest Name \_\_\_\_\_

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Name/Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Tel \_\_\_\_\_ Guest Name \_\_\_\_\_

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

***SPACE IS LIMITED - RESERVE NOW - DON'T MISS OUT!!!***

### EXHIBITOR REQUIREMENTS

**EXHIBIT FEE:** \$1,250 (PER TABLE/SPACE) Tables 6' x 30" with skirting, chairs. Floor equipment may alter use of table.

**ELECTRICAL POWER:** \_\_\_ I **do** require electrical power \_\_\_ I **do not** require electrical power  
*(Extension cords must be provided by each individual exhibitor) Please contact Shirley Goggin at 207-445-2260 for further assistance*

On Friday evening, September 20<sup>th</sup>, we will have a Lobster Bake Dinner. Exhibitors and their guests are welcome to attend this dinner at a cost of \$75 per person. Please complete the following (if not participating, please put zero):

Friday (9/20) Lobster Bake Dinner - # of persons \_\_\_\_\_ (\$75 per person)

Exhibit Fee (\$1,250 per table)	\$ _____
9/20/19 Dinner Fee (@ \$75 pp)	\$ _____
<b>Total Amount Due</b>	<b>\$ _____</b>
<i>Make checks payable to:</i>	
Downeast Ophthalmology Symposium Tax ID # 01-0363625	
<b><i>Return Completed Form with Payment to:</i></b> Downeast Ophthalmology Symposium P.O. Box 190. Manchester. ME 04351	

No registrations will be accepted without payment. Payment by check is preferred. Cancellations prior to August 16, 2019 will be subject to a \$250.00 administrative fee. No refunds of exhibit fees will be granted after August 16, 2019.

Please charge my:  Visa  MasterCard

Card #: \_\_\_\_\_ CCV: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address Associated w/Card: \_\_\_\_\_

Please contact Shirley Goggin, 207-445-2260 or [sgoggin@mainemed.com](mailto:sgoggin@mainemed.com) with any questions or concerns.