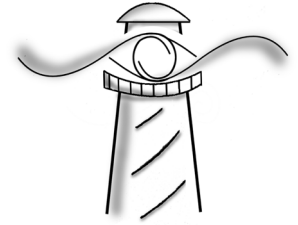


THE 20TH ANNUAL DOWNEAST OPHTHALMOLOGY SYMPOSIUM



SEPTEMBER 24-26, 2021
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 _____

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!!!

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

EXHIBITOR REQUIREMENTS

EXHIBIT FEE: \$1,250 (PER TABLE/SPACE) Tables 6' x 30" with skirting, chairs. Floor equipment may alter use of table.
Two representatives per table (speak to Shirley if you have other needs).

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 questions/assistance regarding space.

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

No registrations will be accepted without payment. Payment by check is preferred. Cancellations prior to August 20, 2021 will be subject to a \$250.00 administrative fee. No refunds of exhibit fees will be granted after August 20, 2021.

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 with any questions or concerns.