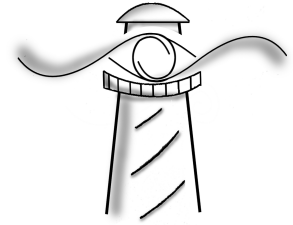


# THE 21ST ANNUAL DOWNEAST OPHTHALMOLOGY SYMPOSIUM



OCTOBER 7-9, 2022  
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:** \$1,500 (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 (\$1,500 per table)	\$ _____
Total Amount Due	\$ _____
<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	
<a href="mailto:sgoggin@mainemed.com">sgoggin@mainemed.com</a>	

No registrations will be accepted without payment. Payment by check is preferred. Cancellations prior to September 1, 2022 will be subject to a \$250.00 administrative fee. No refunds of exhibit fees will be granted after September 1, 2022.

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.