



THE 23RD ANNUAL DOWNEAST OPHTHALMOLOGY SYMPOSIUM



SEPTEMBER 27-29, 2024

HARBORSIDE HOTEL, SPA & MARINA, BAR HARBOR, MAINE

EXHIBITOR REGISTRATION

Complete the information below in full and return form with 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 _____ E-Mail _____

Representative(s) Attending Conference

*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 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: \$1,500 (PER TABLE/SPACE) Tables 6' x 30" with skirting, chairs. Floor equipment may alter use of table.
 Multiple tables may be purchased by one company. Two representatives per table.

ELECTRICAL POWER: ___ I **do** require electrical power ___ I **do not** 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? ___ Yes ___ No Will you have a Floor Banner (s)? ___ Yes ___ No

Will you have floor equipment? ___ Yes ___ No

Exhibit Fee (\$1,500 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	
<u>sgoggin@mainemed.com</u>	

No registrations will be accepted without payment. Payment by check is preferred. Cancellations prior to September 1, 2024 will be subject to a \$250.00 administrative fee. No refunds of exhibit fees will be granted after September 1, 2024.

Please charge my: Visa MasterCard

Card #: _____ CCV: _____ Exp: _____

Signature: _____

Printed Name: _____

Address Associated w/Card: _____

Please contact Shirley Goggin, 207-485-1166 or sgoggin@mainemed.com with any questions or concerns.