

**NEW ENGLAND OPHTHALMOLOGICAL SOCIETY
EXHIBITOR REGISTRATION FORM - 2010-2011**

Online Payments

You may register easily and quickly for exhibitor space online from our website homepage: www.neos-eyes.org, or you may go directly to the page: www.neos-eyes.org/orders-exhibitors.asp. You must pay by credit card (Mastercard or Visa) for any online meetings you select. Payment must be in full, no partial payments can be accepted online.

PLEASE RESERVE EXHIBIT SPACE FOR:

COMPANY NAME** _____
exactly as you wish it to appear in the printed program

ADDRESS _____

TELEPHONE (____) _____ **FAX** (____) _____

EMAIL _____

WEB SITE _____

CONTACT PERSON _____

(For this meeting) name _____ email (if different than above) _____
Type or Print clearly – all information must be provided

We would like to exhibit at the following meeting(s) at the indicated level:

October 1, 2010 \$ 620 exhibitor
Ethics-Risk Mgt/Cornea \$1,295 sponsor

April 15, 2011: \$ 620 exhibitor
Glaucoma/cataract \$1,295 sponsor

December 3, 2010 \$ 620 exhibitor
Office Efficiency/Cataract \$1,295 sponsor
sponsor
OMP/Off. Admin mtgs

May 20, 2011: \$ 620 exhibitor
Retina/Ophthalmic emerg. \$1,295

March 4, 2011 \$ 620 exhibitor
Plastics/subspecialties \$1,295 sponsor
(peds/neuro/compliance)

All five: \$2,635 exhibitor
15% discount \$5,500 sponsor

**** If sponsor, please email camera-ready advertisement 3 months prior to meeting date**

ENCLOSED IS A CHECK PAYABLE TO NEOS IN THE AMOUNT OF \$ _____
Payment must be received prior to meeting date or booth will not be held.

PLEASE RETURN FORM AND CHECK TO:
NEOS
PO BOX 9165, BOSTON, MA 02114
FAX: 617/367-4908
Email: neosindv@aol.com