



New England Ophthalmological Society

2022-2023 Program Year EXHIBITOR REGISTRATION FORM

Company Information

PLEASE RESERVE EXHIBIT SPACE FOR:

Company name _____
(Exactly as you wish to be listed in the printed program)

Address: _____

Telephone: (____) _____

Email: _____

Website: _____

Contact person: _____
(For this meeting) (name) email (if different than above)

Exhibit Fee Schedule

_____ would like to sponsor at the following meeting(s) at the indicated level:
(please enter your company name on this space)

1. **Friday, Sep 23, 2022.** Silver Exhibitor (\$1,250) – 1 table
Venue: The Westin Copley Place Gold Exhibitor (\$2,250) – 2 tables Diamond Symposium Package (\$4,250) *
(AM – Glaucoma; PM – Ophthalmic Emergencies; OMP meeting all day)

2. **Friday, Dec 9, 2022.** Silver Exhibitor (\$1,250) – 1 table Platinum Exhibitor (\$3,250) – Glass Rm
Venue: Hotel Commonwealth Gold Exhibitor (\$2,250) – 2 tables Diamond Symposium Package (\$4,250) *
(AM1 – Cataract; AM2 – Drug Delivery; PM1 – Ethics; PM2 – Debates)

3. **Friday, March 3, 2023.** Silver Exhibitor (\$1,250) – 1 table Platinum Exhibitor (\$3,250) – Glass Rm
Venue: Hotel Commonwealth Gold Exhibitor (\$2,250) – 2 tables Diamond Symposium Package (\$4,250) *
(AM – Retina; PM – Neuro-ophthalmology)

4. **Friday, June 3, 2023.** Silver Exhibitor (\$1,250) – 1 table Platinum Exhibitor (\$3,250) – Glass Rm
Venue: Hotel Commonwealth Gold Exhibitor (\$2,250) – 2 tables Diamond Symposium Package (\$4,250) *
(AM – Cornea; PM – New technologies)

(*) The Diamond Symposium Package includes 2 tables in the general exhibit area.



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Exhibit & Symposium selection summary

Exhibit Day	Amount (\$)
1. Friday 9/23/2022:	\$ _____
2. Friday 12/9/2022:	\$ _____
3. Friday 3/3/2023:	\$ _____
4. Friday 6/2/2023:	\$ _____
Sub-total:	\$ _____

Discount (20%): Only applicable if you sign-up and pay for all 4 Exhibit days before Sep 23, 2022.

Are you attending ALL 4 Exhibit days? YES NO

20% Discount: \$ _____

Total due: \$ _____

Payment

Your total Exhibit fees are required on or before your meeting participation or your reservation will be released. Online payment is available via private link upon request.

Enclosed is a check payable to NEOS in the amount of \$ _____

Please send me a private online link for credit card payment

PLEASE RETURN FORM AND CHECK TO:
New England Ophthalmological Society
860 Winter Street, Waltham, MA 02451
Email: neos-eyes@mms.org