Illinois Association of Ophthalmology ❖ Chicago Ophthalmological Society

2010 ANNUAL EDUCATIONAL CONFERENCE

CORPORATE SPONSOR/EXHIBITOR RESPONSE FORM

Print

Friday - Saturday, February 19 & 20, 2010 ❖ Stephens Convention Center, Rosemont, IL

Please complete the information requested below and check the appropriate boxes. Return to:

IAO and COS ❖ 10 W. Phillip Rd., Suite 120 ❖ Vernon Hills, IL 60061-1730

Fax: 847/680-1682 ❖ *Telephone:* 800/838-3627 ❖ *E-mail:* RichardPaul@DLS.net ❖ *Web:*

Reservations are not guaranteed until exhibitor fee is received at our office.

PLEASE PRINT

IAO Tax ID# 23-7123007

Company name	
Contact person	
Address	
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Important: Include the name(s) and addresses of your company representatives who will be attending the meeting. (Use additional sheets if you need more room). This information is important so we can produce exhibit hall name badges for your representatives.	
Representative(s) attending enter names here ➜	
Representative's **local** address phone & email	

Please check the appropriate box(es) below:

☐ Standard 8' x 8' booth (includes electricity) - $2,500

☐ Double size 16' x 8' booth (includes electricity) - $3,750

☐ Tabletop exhibit (no electricity) - $1,000

☐ Corporate sponsor (includes Double booth & electricity)

☐ Platinum - $10,000 ☐ Gold - $7,500 ☐ Silver - $5,000

☐ "Exhibit Hall Raffle" – extra $100 fee

☐ *Check here if you require any special considerations for your exhibit. (Describe on back.)*

Total amount of payment . . . . . $ _____

Form of payment: ☐ Check (payable to "IAO/COS Joint Conference") ☐ Visa ☐ MasterCard ☐ Discover

Credit Card # | | | | | | | | | | | | | | | | | | Exp. Date | | | / | |

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