

# **ADVANCES IN OPHTHALMOLOGY AND OPTOMETRY**

#### **Exhibitor Levels**

GOLD TIER	<b>\$2000+</b> offers a vendor booth inside the venue and a two page spread in our event booklet.					
SILVER TIER	\$1000 offers a vendor booth near the entrance of the event venue and a half page spread in our event booklet.					
- EXHIBITOR SPONSORSHIP WITH EXHIBITOR SPACE -						
Cost: \$2,500.00 (plus 6.35% CT sales tax \$158.75) if signed contract is received by December 10, 2019.						
\$3,000.00 (plus 6.35% CT sales tax \$190.50) if contract or payment is received December 10, 2019.  You will be assigned a 8'x10' pipe-draped booth space next to your sponsored station, 1 table, two chairs, sign, free WiFi, two badges for attendees and have your name listed on signature cards to insure maximum physician exposure.						
Check your Station choice: O Coffee O Tea O Chocolate O Popcorn						
All Exhibitors						
Please note: effective October 1, 2015 CT state sales tax will be charged. Booths must be set up one hour prior to physician's registration. Space is very limited so please reserve your space as soon as possible. Booths will not be held without a Deposit and signed Agreement. Booth Space Deposit is non-refundable. Upon completion of this form, both parties enter a binding legal contract. Please contact The Aqua Turf Club, 556 Mulberry Street, Plantsville, CT 06479 for shipping arrangements of your booth - phone 860-621-9335. If names tor badges are not received by December 10, 2019 there will be a \$25.00 charge per name per badge.						
Name Badges						
Please provide name(s) of company representative who will attend. (please print legibly)						
Badges included with	h your booth - Attendee Names: Additional Badges \$450.00 each - Attendee Nam	nes:				





# **ADVANCES IN OPHTHALMOLOGY AND OPTOMETRY**

### Contract and Payment Form

I, as authorized representative for						
(please print)	(company name as you wish it to appear in program)					
☐ Gold \$2000+ offers a vendor booth inside the v	nue and a two page sprea	d in our event booklet.				
Silver \$1000 offers a vendor booth near the entrance of the event venue and a half page spread in our event bookle						
(please che	appropriate exhibitor level)					
Signature of Authorized Card Holder	Company Na	Company Name (please print)				
Representative Name (please print)	Company Ac	counting Email				
Representative Cell Phone #	Telephone #					
Ophthalmology and Optometry Authorized Signature	AIOAO Tax	AIOAO Tax ID#:				
Visa M		American Express				
/		 (Billing Zip * Required)				
(Expiration date)	Security Codes	(billing Zip Required)				
/	_	/				
*3 digit# that appears on the back of the MC/VISA card	*4	digit# that appears on the front of AMEX card				
*THESE NUMBERS ARE NEEDED TO RUN PAYMENT THROUGH WITH A MERCHANT DISCOUNT						
\$ Booth Amount	\$ Addit	ional Attendee Badges (\$450.00 each)				
\$ Electrical Amount (if requested)	\$ Total					
		6 CT sales tax charged				
	\$ Total	amount charged including tax				
(Card holder name)	(Card holder s					
	4	ignature)				





#### **ADVERTISING RATES (4 – COLOR PROCESS)**

Program Book (4.875" x 5.25")	Exhibitors	Non-exhibitors
1/2 Page (horizontal)	\$600	\$1,000
Full page (vertical)	750	1,500
2 page spread	1,000	2,750

8.5" x 11" Insert*	Exhibitors	Non-exhibitors
2 Page Insert*	\$1,000	\$2,750
4 Page Insert*	1,500	3,500

Rates shown are for printed inserts provided by the advertiser. For additional information contact <a href="mailto:debbieosborn36@yahoo.com">debbieosborn36@yahoo.com</a>

Premium Positions (4.875" x 5.25")	Exhibitors	Non-exhibitors
Inside front cover & facing page	\$1,500	\$2,500
Page facing table of contents	1,250	2,000
Inside back cover	1,250	2,000
Outside back cover	1,500	2,250

Ad specifications for Program Book: Single page 3.875" x

5.25", High Resolution pdf with all type set to outline. Art Deadline 45 days prior to event.

Ad close & Payment Deadline 30 days prior to the event.

PLEASE NOTE: To receive a 10% advertiser discount for this program advertising commitment and payment must be received prior to 3 months of the event

Please make checks payable to AIOAO

PO Box 854, Litchfield, CT 06759 Fax: 860-567-3591 · Debbie Osborn Cell: 860-459-4377

Or email credit card payment to <a href="mailto:debbieosborn36@yahoo.com">debbieosborn36@yahoo.com</a>

