

19th Annual Business of Retina Meeting
April 1-2, 2017
Gaylord Texan
Dallas, Texas
Exhibit Contract

To guarantee participation in the 19th Annual Business of Retina Meeting, a signed and initialed contract with full payment must be received no later than March 3, 2017. Exhibit space is subject to availability.

Company Name: _____

Official Representative: _____
First name Last Name

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

EXHIBIT TERMS

- 1. All company representatives staffing the exhibit booth and/or attending the conference must register at the non-member rate. Please register online at www.asrs.org.**
2. The exhibitor will be provided with one tabletop exhibit, consisting of one six-foot draped table, and 2 chairs.
3. All additional services such as electrical needs are the responsibility of the exhibitor. Please make arrangements directly with the Gaylord Texan.

4. Set up will commence at 6:00PM Friday, March 31, 2017 and all exhibits are to be set by 7:00AM on Saturday, April 1, 2017. Tear down of exhibits will take place from 12:00 – 2:00PM on Sunday, April 2, 2017 at the conclusion of the program.
5. All shipping and handling is the responsibility of the exhibitor. Please make these arrangements directly with the Gaylord Texan. Shipping details will be provided at a later date.
6. No security will be provided for the exhibits, with all materials being the responsibility of each exhibitor.
7. Fees include post-show registration mailing list.
8. Fees include company description in seminar handouts.
9. Fees include 2 continental breakfasts, 1 luncheon, and 1 reception.
10. The Exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of injury or damage to exhibitors' displays, equipment and other property brought onto the premises of the Gaylord Texan and shall indemnify and hold harmless the ASRS as well as the Hotel and all of its servicing agents, servants and employees from any and all such losses, damages and claims.

PAYMENT OF EXHIBIT FEES
\$1,250.00

Full Amount Due upon Receipt

Please make check payable to American Society of Retina Specialists in US dollars.

To make payment by Visa, MasterCard or American Express, please complete the following information. All information listed below is required in order to process payment.

Visa/MasterCard/AmEx Number: _____ Exp. ____/____

3 or 4 digit security code: _____

Name as it appears on card (Please print): _____

Billing address for card: _____

Street

Suite or Apt. Number

City, State, Zip Code

Amount to be billed to card: \$_____ (full payment expected at when contract is returned)

Authorized Signature for credit card: _____

An administrative charge of \$100 will be assessed for any cancellation

TERMS OF ASSIGNMENT

EXHIBIT LOCATIONS

Exhibit locations will be assigned by the ASRS, which reserves the right to rearrange the floor plan at any time. The ASRS also reserves the right to relocate any exhibitors should it become necessary for causes beyond the control of the ASRS or advisable in the best judgement of the ASRS. If you wish to be located next to a specific company, or if there are competitors that you do not wish to be next to, please detail your request here. We will do our best to accommodate the preferences listed; however, no guarantees can be made.

_____ We understand that the signer of the contract for exhibit space or the designee shall be the official representative of the exhibitor and shall have the authority to certify representatives and act on behalf of the exhibitor in all negotiations.

_____ I agree and acknowledge that I am undertaking such participation in ASRS events and activities as my own free and intentional act, and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in ASRS events, as I do hereby assume responsibility for my own well-being. I also agree not to allow any other individual to participate in my place.

_____ I understand that company representatives staffing the exhibit booth and/or attending the conference must register at the non-member rate.

Signed: _____, _____
Official Representative / Exhibiting Company Date

Signed: _____, _____
Official Representative / ASRS Date