

**21st Annual Business of Retina Meeting
March 30-31, 2019
Four Seasons Resort & Club, Dallas at Las Colinas, Texas
Exhibit Contract**

To guarantee participation in the 21st Annual Business of Retina Meeting, a signed and initialed contract with full payment must be received no later than March 1, 2019. Exhibit space is subject to availability.

Company Name: _____

Official Representative: _____
First name Last Name

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

SPONSORSHIP OPPORTUNITIES

- E-Blast - \$700**
E-Blasts are sent by ASRS on behalf of the exhibitor the week of the Business of Retina Meeting and can include company name, web address, and up to three lines of ASRS-approved text.
- Hotel Room Drops - \$300**
Exhibitor provides room drops and delivery fees.

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 Four Seasons.
4. Set up will commence at 6:00PM Friday, March 29, 2019 and all exhibits are to be set by 7:00AM on Saturday,

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

Please send completed form with payment for delivery no later than March 1, 2019 to:

Email: Sam.zerang@asrs.org

Mail: American Society of Retina Specialists, 20 N. Wacker Drive, Suite 2030, Chicago, IL 60606