

**22nd Annual Business of Retina Meeting Exhibit Contract
March 21-22, 2020**

Four Seasons Resort & Club, Dallas at Las Colinas, Texas

To guarantee participation in the 22nd Annual Business of Retina Meeting, a signed and initialed contract with full payment must be received no later than February 21, 2020. 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. One per company.
- 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 <https://www.asrs.org/education/22nd-annual-business-of-retina-meeting>
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 20, 2020 and all exhibits are to be set by 7:00AM on Saturday, March 21, 2020. Tear down of exhibits will take place from 12:00 – 1:00PM on Sunday, March 22, 2020 at the conclusion of the program.
5. Shipping and handling is the responsibility of the exhibitor. Please make these arrangements directly with the Four Seasons. 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 Four Seasons 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.
11. Please be advised that the hosting of any meetings or events that conflict with the ASRS program is prohibited. All events held over the dates of the ASRS Business of Retina Meeting must be reviewed and approved by ASRS before promotion and implementation can occur.
12. 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 want to be located near a specific company, or if there are companies that you want to avoid, 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

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 February 21, 2020 to:

Email: Sam.zerang@asrs.org

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