

ASRS 38th Annual Meeting Virtual Exhibit Booth Contract

PAGE 1 OF 2

To guarantee participation in the ASRS 38th Annual Meeting, a signed contract (including the exhibitor initials on page 1) with full payment must be received no later than **July 6, 2020**.

EXHIBITOR INFORMATION Ple	ease print clearly		
Company name as it should app	ear on meeting literature		
Complete mailing address			
City	State or Province	ZIP or postal code	Country
First and last name of company	contact assigned to this meeting		
Title			
Email		_ Phone	
Specify product(s) to be exhibite	d		
	nd that corporate representative b representatives must register at the		Amount Enclosed
Exhibitor webpage with cor	ntent		\$
separate website, etc. Three (3) embedded Videos Social media platform links Live, one-on-one "Video Bo Calendar Link for appointm "Contact Us" button Virtual badge scanner—to the Prominent listing on the virtic No charge for exhibit booth Additional Option: Access to abstracts and posters. Registers	ooth Chat" for visitors ents during or post-show track booth analytics (Attendees ca tual exhibit floor plan n-only staff access o live-stream Scientific Program ar stration fee is \$1,000/attendee	an opt out of this feature.)	on
separate website, etc. One (1) embedded Video Social media platform links Calendar Link for appointment of the contact Us" button Virtual badge scanner—to the No charge for exhibit booth Additional Option: Access to	ntent sting exhibitor content—PDFs, Pow ents during or post-show crack booth analytics (Attendees ca	nn opt out of this feature.)	\$
CONTINUED		ASRS initials	Exhibitor initials

ASRS 38th Annual Meeting Virtual Exhibit Booth Contract

PAGE 2 OF 2

PAYMENT METHOD All fees MUST be paid in US dollars		
I have enclosed the following amount (including the total of booth space in the form of:	ce and advertising costs) \$	
☐ CHECK payable to American Society of Retina Specialists	☐ Amex ☐ MasterCard ☐ VISA	
Account Number	3- or 4-digit printed code on back of VISA and MasterCard/on front of Amex	
Expiration date		
Cardholder's name as it appears on the credit card		
Credit card billing address if different from that stated on page	1	
Street	City	
State/ProvinceZIP/Postal code	Country	
Cardholder's signature		
CANCELLATION POLICY There will be no refunds for cancellations, regardless of cause. Question TERMS OF ASSIGNMENT	ns? Email ASRSExhibits@asrs.org	
We understand that the signer of this contract or the designee shall be		
authority to certify representatives and act on behalf of the exhibitor in	all negotiations. This contract and related future mailings will be	
sent to the signer with copies to the designated additional contact for i	matters pertaining to the exhibits.	
Signed:		
Official Representative/Exhibiting Company	Month Day	
Signed:Official Representative/ASRS	Month Day	

Please send completed form with payment for delivery to: ASRSExhibits@asrs.org

QUESTIONS? Phone 312.578.8760 | ASRSExhibits@asrs.org