EXHIBITOR INFORMATION Please print clearly

Company name as it should appear 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 exhibited

EXHIBIT SPACE FEES I understand that corporate representative badges must be purchased separately, and that all attending company representatives must register at the corporate rate.  Initials ________

☑ Premier Exhibit Package: $10,000

Includes:

• Exhibitor webpage with content
• Five (5) external links to existing exhibitor content—PDFs, PowerPoints, white papers, separate website, etc.
• Three (3) embedded Videos
• Social media platform links
• Live, one-on-one “Video Booth Chat” for visitors
• Calendar Link for appointments during or post-show
• “Contact Us” button
• Virtual badge scanner—to track booth analytics (Attendees can opt out of this feature.)
• Prominent listing on the virtual exhibit floor plan
• No charge for exhibit booth-only staff access
• Additional Option: Access to live-stream Scientific Program and mobile app with presentation abstracts and posters. Registration fee is $1,000/attendee

☑ Virtual Booth Package: $5,000

Includes:

• Exhibitor webpage with content
• Five (5) external links to existing exhibitor content—PDFs, PowerPoints, white papers, separate website, etc.
• One (1) embedded Video
• Social media platform links
• Calendar Link for appointments during or post-show
• “Contact Us” button
• Virtual badge scanner—to track booth analytics (Attendees can opt out of this feature.)
• No charge for exhibit booth-only staff access
• Additional Option: Access to Virtual Scientific Program and mobile app with presentation abstracts and posters. Registration fee is $1,000/attendee

CONTINUED ...

ASRS initials ________    Exhibitor initials ________
PAYMENT METHOD  All fees MUST be paid in US dollars
I have enclosed the following amount (including the total of booth space and advertising costs) $_____________________
in the form of:

☐ CHECK payable to American Society of Retina Specialists
☐ Amex
☐ MasterCard
☐ VISA

Account Number ________________________________  3- or 4-digit printed code ______________________
Expiration date ________________________________ on back of VISA and MasterCard/on front of Amex

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/Province _______ZIP/Postal code ____________ Country ________________________________

Cardholder’s signature ________________________________

CANCELLATION POLICY
There will be no refunds for cancellations, regardless of cause. Questions? Email ASRSExhibits@asrs.org

TERMS OF ASSIGNMENT
We understand that the signer of this contract 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. This contract and related future mailings will be
sent to the signer with copies to the designated additional contact for 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