

**20<sup>th</sup> Annual Business of Retina Meeting**  
**March 10-11, 2018**  
**Four Seasons Resort & Club**  
**Dallas at Las Colinas, Texas**  
**Exhibit Contract**

To guarantee participation in the 20<sup>th</sup> Annual Business of Retina Meeting, a signed and initialed contract with full payment must be received no later than February 9, 2018. 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](http://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 9, 2018 and all exhibits are to be set by 7:00AM on Saturday, March 10, 2018. Tear down of exhibits will take place from 12:00 – 2:00PM on Sunday, March 11, 2018 at the conclusion of the program.
5. All 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.



**PAYMENT OF EXHIBIT FEES**  
**\$1,250.00**

**Full Amount Due upon Receipt**

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*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 9, 2018 to:**

Email: [Sam.zerang@asrs.org](mailto:Sam.zerang@asrs.org)

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