

Exhibit Hall Meeting Suite Order Form ASRS 43rd Annual Meeting

Company name:

	Contact name:	
Contact email:		
Contact phone:		
	Meeting purpose:	
	Please check the option(s) yo	ou would like to reserve:
	☐ 10' x 10' space - \$10☐ 10' x 20' space - \$20,☐ 20' x 20' space - \$40☐ Number of chairs req	,000 ,000
Ir	nformation and guidelines:	
	 10' x 20' hard-wall spanned Additional items such exhibitor manual Space may be used du Space is semi-private/ 	ace with door includes 1 table, up to 6 chairs and sign with company name ace with door includes 1 table, up to 10 chairs and sign with company name as custom furniture, carpet, and electric may be ordered through the ring exhibit hall hours only not sound-proof 1:1 meetings and other ASRS-approved activities ns in the ASRS 43 rd Annual Meeting Exhibit Booth and Advertising Contract apply
		Payment
	Amount to be charged:	Payment
	Amount to be charged: Credit card number:	Payment
		Payment
	Credit card number:	Payment
	Credit card number: Security code:	Payment
	Credit card number: Security code: Expiration date: Name on card: Signature	Payment
	Credit card number: Security code: Expiration date: Name on card:	Payment
	Credit card number: Security code: Expiration date: Name on card: Signature	Payment

If paying by check, please mail to: American Society of Retina Specialists, PO Box 8289, Carol Stream, IL 60197-8289 USA