



**Exhibit Hall Meeting Suite Order Form
ASRS 44th Annual Meeting**

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| Company name: |
| Contact name: |
| Contact email: |
| Contact phone: |
| Meeting purpose: |

Please check the option(s) you would like to reserve:

- ☐ 10' x 10' space - \$10,000
- ☐ 10' x 20' space - \$20,000
- ☐ 20' x 20' space - \$40,000

Number of chairs requested: _____

Information and guidelines:

- 10' x 10' hard-wall space with door includes 1 table, up to 6 chairs and sign with company name
- 10' x 20' hard-wall space with door includes 1 table, up to 10 chairs and sign with company name
- Additional items such as custom furniture, carpet, and electric may be ordered through the exhibitor manual
- Space may be used during exhibit hall hours only
- Space is semi-private/not sound-proof
- Space may be used for 1:1 meetings and other ASRS-approved activities
- All terms and conditions in the ASRS 44th Annual Meeting Exhibit Booth and Advertising Contract apply

Payment

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|------------------------------|--|
| Amount to be charged: | |
| Credit card number: | |
| Security code: | |
| Expiration date: | |
| Name on card: | |
| Signature | |
| Billing address: | |
| Phone number: | |
| Email address: | |

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