

2023 Spring Exhibitor Contract



The Exhibitor hereby names the following as his duly authorized representative/company contact of said Exhibitor and to receive all information submitted by the Arkansas Optometric Association regarding said Exhibitor. **Please print full name, address and phone number.** An online contract can be found at arkansasoptometric.org/events.

Exhibitor (Company Name) _____

Billing Contact _____

Billing Address _____

City _____ State _____ Zip _____ Billing Phone _____

Authorized Signature _____

Billing Contact E-mail _____

Representative's Name(s) (to work booth; will appear on name badge). Two are included.

Representative's Address (if different from Company) _____

Representative's Email Address (to be printed in convention program) _____

Representative's Phone (to be printed in convention program) _____

Please make booth sign to read _____

Booth number preference. (Map found on page 2) Booth Choice 1: ____ Booth Choice 2: ____ Booth Choice 3: ____

____ I agree to the terms of the 2023 Annual Spring Convention and Tradeshow Contract.

Signature _____ Date _____

Please indicate the nature of your service or business by checking one of the boxes below. This will enable us to set up exhibitor space appropriately. Thank you in advance for your assistance.

- Frame Representative Lens Case Company Laboratories Insurance
- Pharmaceutical Sales Consultants Instruments Other _____

Please check the appropriate box(es):

- \$920 Standard Booth**
- \$1,640-Two adjoining booths**
- \$_____ electricity**
- Partnership Level (please indicate) _____**
- \$150— one golf registration**
- \$600—one team of four**
- \$500—Golf Anchor Sponsorship**
- \$250—Golf Major Sponsorship**
- \$150—Golf Hole Sponsorship**
- \$50— Golf Swag Bag**

Payment Method

Total Amount: \$ _____

I have included a check number _____

Please charge my credit card:
 ____ Visa ____ Mastercard ____ American Express

Please invoice me.

Credit Card Number _____

Expiration Date _____ Security Code _____

Billing Name _____

Billing Address _____

Billing Phone _____

Exhibitor will sign and fax or mail to:
Arkansas Optometric Association
1401 W. Capitol, Suite 247 Little Rock, AR 72201
Fax: 501-372-0233
E-mail: aroa@arkansasoptometric.org
 Please retain a copy for your records.