

Midwest Veterinary Ophthalmology Society Annual Meeting

Exhibitor Registration Form

Courtyard Marriott Charleston Historic District, Charleston SC

125 Calhoun Street, Charleston, SC 29401

February 28 - March 2, 2014

Please type or print:

List company name EXACTLY as you wish it to appear in printed convention materials.

Company Name: _____

Contact Person: _____

Address: _____

City/ST/Zip: _____

Phone: _____ Fax: _____

Email: _____

Contract MUST be signed and dated

Signature: _____

Date: _____

Cost of 8' x 30' booth space and 1 Badge: \$300

- Payment in full is required within 10 days of submitting contract for Exhibitor space.
- No Exhibitor will be permitted to exhibit until booth space is paid in full.
- Included in booth rental for both days is : ONE badge, Friday reception, Continental Breakfasts and Breaks

Proximity: I do ___ / do not ___ wish to be located next to:

Product or Service to be displayed: _____

of Booths Requested: _____

Badge Information:

Name: _____

* Additional Badges: _____ @ \$225 each

Name: _____

Name: _____

Name: _____

Please type or print:

Booth Space: \$300 x ___ = \$_____

Additional Badges: \$225 x ___ = \$_____

Sponsorship Opportunities:

Indicates special mention in program, booth signage and acknowledgement at meeting introduction.

BRONZE \$500 \$_____

SILVER \$800 \$_____

GOLD \$1000 \$_____

Total: \$_____

Please send this form to:

Email: LNicholas@WedgewoodPharmacy.com

Fax: 856.832.1441 (Attn: Lisa Nicholas/MWVOS)

**PAYMENT IS DUE no later than
February 20, 2014**

Please make checks payable to:

Seth Koch, VMD/MWVOS

Mail: Wedgewood Pharmacy

ATTN: Lisa Nicholas

405 Heron Drive, Ste. 200

Swedesboro, NJ 08085

Hotel Meeting Rate:

\$199/night + tax (mention MWVOS)

Phone: 843.805.7900

Questions: Please contact Seth Koch

Phone: 215.546.1609

Email: animaleyedoc@aol.com

For MWVOS use only

Date: _____ Check #: _____ Amount: \$ _____ Booths: _____ Sponsor: _____