



ASCRS
SUBSPECIALTY
DAY 2018

ASCRS SUBSPECIALTY DAY EXHIBIT SPACE APPLICATION

APRIL 13, 2018 • WASHINGTON, DC • WATLER E. WASHINGTON CONVENTION CENTER

Please tell us which program is your company's focus is towards - Please check one:

ASCRS Glaucoma Day ASCRS Refractive Day Cornea Day

COMPANY INFORMATION — Include information exactly as it should be published in the Final Programs.

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____
Company Email: _____ Website: _____

CONTACT INFORMATION — For internal use only

CEO/President: _____
Marketing Contact: _____ Marketing Contact Email: _____
Exhibit Contact: _____ Title: _____
Exhibit Contact Address: _____
Exhibit Contact Phone: _____
Exhibit Contact Email: _____

PAYMENT METHOD—Please check one

Visa MasterCard Discover American Express Check Wire Transfer

Amount Enclosed: \$ _____
Account Number: _____
Expiration Date: _____
Name of Cardholder: _____
Signature of Cardholder: _____

AUTHORIZATION

Contracts will not be processed unless signed and include payment. I am an authorized representative of the company with full power and authority to sign and deliver this application and contract. The company listed on this application agrees to comply with all the policies, rules, and regulations contained in the Exhibitor Prospectus and all policies, rules, and regulations adopted after publication of the prospectus.

Authorized Officer Signature: _____ Date: _____

Please complete the application/contract as well as the company listing information and mail, fax or email to:

Mail: ASCRS•ASOA/Attn: Jamie Barbera/SDEX
4000 Legato Rd., Suite 700 Fairfax, VA 22033

Fax: 703-547-8840

Email: jbarbera@ascrs.org



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ASCRS SUBSPECIALTY DAY TABLE TOP EXHIBIT AGREEMENT FORM

Please review the Tabletop Display Guidelines on the previous page. You are required to sign and return this form to Jamie Barbera jbarbera@ascrs.org along with your booth contract in order for it to be considered complete.

I have read and agree to comply with the ASCRS Subspecialty Day Exhibit Guidelines. I understand ASCRS/The Cornea Society (and or its general services contractor-GES) reserves the right to require modifications to my table top exhibit on-site should it be deemed out of compliance.

Name: _____

Company: _____

Signature: _____

Date: _____

Please return to Jamie Barbera along with your booth contract

Email: jbarbera@ascrs.org

Fax: 703-547-8840

