Early Bird Deadline: 20

Kansas Optometric Association

2015 Annual Convention and Seminar

April 23-24, 2015 • Hilton Garden Inn • Manhattan, KS

Exhibitor Registration

Comp	any Name	(4 1	1 1: 1: 1	m · 1
Company Name				
Conta	ct Person		P	hone
City _		State	Zip	
FAX _		E-mail		
Websi	te			
	Yes, please reserve booth(s) for \$875 each (if postmarked after		the cost of \$7	50 each (if postmarked by March 6, 2015)
	We would like luncheon tration. Additional luncheon ticke		luncheon ti	ckets are given free with each booth regis-
	To assist us in our preparation of b (Please Print)	oadges, please list re	presentatives	of your company who will be attending.
	Name(s)			
	Company or product description (for mobile event app)			
I I I	ration Fees Exhibit Booths (<i>Postmarked by 3/6/15</i>) Exhibit Booths (<i>Postmarked after 3/6/</i>) Luncheon Tickets (<i>Up to two included</i> Additional Luncheon Tickets	(15)d with each booth)		@ \$750.00
Γ	Additional Luncheon Tickets			ND TOTAL:
Kansas	return this form to: Optometric Association, 1266 SW Top lation Policy: Less \$50 fee if cancelled or	•		
	Check enclosed Please charg	e \$ t	-	A □ MasterCard rican Express □ Discover Card
Caro	d Number		Expiration	on Date
Nan	ne (Please print)		Signatur	re