

2012 Fall Eyecare Conference

September 29, 2012 • DoubleTree by Hilton Wichita Airport *(formerly Wichita Airport Hilton)*

EXHIBITOR REGISTRATION FORM

(for those vendors who did not exhibit at the 2012 KOA Convention)

Company Name _____

Address _____

Contact Person _____ Phone _____

City _____ State _____ Zip _____

FAX _____ E-mail _____

- Yes, please reserve ____ booth(s) for my company at the cost of \$575 each (if postmarked by August 31, 2012) or \$675 each (if postmarked after August 31, 2012).
- We would like _____ luncheon tickets. Up to two luncheon tickets are given free with each booth registration. Additional luncheon tickets are \$25 each.
- To assist us in our preparation of badges, please list representatives of your company who will be attending. (Please Print)

Name(s) _____

Comments (i.e. booth preference, booth neighbors, etc.) _____

- No, we do not wish to participate in the 2012 KOA Fall Eyecare Conference, but please keep our name on the list for pre-registration for the 2013 Convention.
- The address you have on your mailing list is correct for our company.

Registration Fees

	Number		Each	
Exhibit Booths (<i>Postmarked by 8/31/12</i>).....	[]	@	\$575.00	[]
Exhibit Booths (<i>Postmarked after 8/31/12</i>)	[]	@	\$675.00	[]
Luncheon Tickets (<i>Up to two included with each booth</i>)	[]	@	\$0.00	[]
Additional Luncheon Tickets.....	[]	@	25.00	[]
	GRAND TOTAL:			[]

Please return this form to:

Kansas Optometric Association, 1266 SW Topeka Blvd., Topeka, KS 66612, FAX (785) 232-6151.

Check enclosed Please charge \$ _____ to my: VISA MasterCard American Express

Card Number _____ Expiration Date _____

Name (Please print) _____ Signature _____