

AMERICAN SOCIETY OF OCULARISTS

Conference Exhibitor/ Sponsor Registration and Journal Advertising 2012

Name (please print) _____
Company _____
Address _____
City/State/Zip/Country _____ Phone _____
E-Mail Address _____
Additional person (name) _____

Exhibitors:

ASO Members registered at conference (includes one 6-ft. display table) \$200.00 _____
Non-Members and ASO Members not registered at conference \$500.00 _____
(includes one 6-ft. display table, breakfasts, breaks, & admission to the President's Reception for one person)
Additional person at Breakfasts, Breaks & President's Reception \$100.00 _____

Sponsors:

President's Reception \$3,500.00 _____
(includes one 6-ft. display table, breakfasts, breaks, & admission to the Reception)
Banquet \$3,500.00 _____
(includes one 6-ft. display table, breakfasts, breaks, & admission to the Banquet)
Continental Breakfast \$1,400.00 _____
Refreshment Break \$500.00 _____

Electrical* outlet required? Yes ___ No ___

* additional service charge for electrical connection may apply, amount not yet determined

Advertising — Journal of Ophthalmic Prosthetics:

Back Cover (color or B&W) \$2,000.00 _____
Inside Front Cover (color or B&W) \$2,000.00 _____
Inside Back Cover (color or B&W) \$1,400.00 _____
Full Page (Color) \$1,150.00 _____
Full Page (B&W) \$750.00 _____
Half Page (Color) \$600.00 _____
Half Page (B&W) \$400.00 _____

Platinum Sponsor \$5,400 _____

Gold Sponsor \$2,745 _____

Silver Sponsor \$1,440 _____

Upgrade sponsorship to include an exhibition table at both 2012 meetings \$450 _____

Total USD \$ _____

Sponsorship and Spring Exhibition registration is due no later than Thursday, March 31st. In the event an Exhibitor cancels an exhibition table, the ASO must be notified in writing for a refund to be issued. Cancellations within 10 days of the meeting will be assessed a \$100 fee. No refunds will be issued for cancellations requested less than 10 days before the meeting.

Please make payable in US dollars to "American Society of Ocularists" by money order, check or credit card.

Please circle type of card: Visa Master Card Discover (no other cards accepted)

Cardholder's name (please print) _____

Card number _____ Expiration Date _____

Signature _____