



January 16-22 | Grand Wailea Maui

APPLICATION FOR OCULOPLASTICS EXHIBIT SPACE

OFFICE USE ONLY		
Date Received _____	Cost of Booths _____	Check # _____
Booths Assigned _____	First Deposit Received _____	Balance Due _____

19-1706

Company _____

Street Address _____

City _____ State _____ Zip Code _____

Submitted by _____ Signature _____

Contact Person _____ Email (required) _____

Phone _____ Fax _____ Website _____

Exhibition Space

Oculoplastic Exhibit Space only
\$2,000 + Maui excise tax = \$2,083.34

Oculoplastic Exhibit Space add-on to Hawaiian Eye Booth
\$500 + Maui excise tax = \$520.84

Premier Exhibitor Upgrade
\$2,000 + Maui excise tax = \$2,083.34

Exhibitor Cancellation Policy

Any exhibitor who wishes to release assigned space must do so by December 15, 2019 to be refunded in full. For cancellations of space within August 2 - November 5, 2019, the Exhibitor will be responsible for 50% of the booth fee. Cancellations received after November 5, 2019 will be responsible for 100% of the booth fee.

Exhibitor Listing Deadline: November 16, 2020

As a service to attendees and a benefit to exhibitors, a company listing will be included in the program notebook and meeting app. Please be precise in providing information and know that your listing will appear exactly as you provide below. If amendments are needed, please specify in writing to the Exhibit Manager prior to the deadline.

Check if to use contact information written above

Company _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Website _____

Payment

Federal ID #: 27-4318741

You are hereby authorized to reserve the exhibit opportunities indicated below for use at The Meeting. This application is made with the understanding that the applicant agrees to abide by all rules, requirements, restrictions and regulations set forth in this agreement or as may be especially designated by The Meeting, Healio® LIVE and their agents. Failure to abide by such rules and regulations results in forfeiture of all moneys paid or due Management under terms of this agreement. The total package price is listed above. Exhibit hall listing and exhibit space are not available separately. The undersigned agrees to include a 50% deposit toward the package fee when submitting this application. **Full payment of exhibit space is due by September 4, 2020.**

Enclosed is my check made payable to "Hawaiian Eye Oculoplastics"

I wish to use my credit card to pay for exhibit space: Visa MasterCard American Express

Credit Card Number _____ Exp. Date _____ 3-4 Digit Security Code _____

Print Name _____ Signature _____ Total Amount to Charge \$ _____

Fax, Mail or Email this Form

Fax to: Attn: Rebecca Kreck • 856-848-3522
Mail to: Attn: Rebecca Kreck
Hawaiian Eye Oculoplastics • 6900 Grove Road • Thorofare, NJ 08086-9447
Email to: exhibits@HealioLive.com

Questions?



Contact Rebecca Kreck at 267-978-4029
or visit www.HealioLive.com