



OFFICE USE ONLY

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

20-0442

Company _____

Street Address _____

City _____ State _____ Zip Code _____

Submitted by _____ Signature _____

Contact Person _____ Email (required) _____

Phone _____ Fax _____ Website _____

Exhibition Space

Total number of tabletop exhibit spaces requested
8' x 10' - \$12,000 _____ 8' x 20' - \$24,000 _____

Will you be displaying a piece of freestanding diagnostic equipment?

Yes No

Exhibitor Cancellation Policy

Any exhibitor who wishes to release assigned space must do so 90 days prior to the meeting to be refunded all fees paid to date minus a \$750 administrative fee. For cancellations of space within 89 days of the meeting, the Exhibitor will be responsible for 100% of the entire booth fee. In the event the exhibit hall is sold out and we are able to resell your booth space, the cancellation penalty will be 50% of the rental charge.

Booth Preferences

Please list four choices of exhibit space (list booth number from exhibit hall floor plan enclosed). It is suggested that you do not concentrate your choices in one area because many Exhibitors may choose the same area. The meeting reserves the right to rearrange the floor plan or relocate booths.

Preferences:

First _____ Second _____ Third _____ Fourth _____

List any exhibitor you do *not* wish your exhibit to be near:

List any exhibitor you do wish your exhibit to be near:

Premier Exhibitor

Do you want to upgrade to a Premier Exhibitor listing for an additional \$2,500? Yes No

Exhibitor Listing Deadline: December 15, 2021

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 #: 30-0747466

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. 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 December 1, 2021.**

Enclosed is my check made payable to "Retina World Congress"

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
Retina World Congress • 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

