

# BOOTH SPACE APPLICATION & CONTRACT

2017 WVAOP MID-YEAR | MAY 18-21, 2017



## West Virginia

Association of Optometric Physicians

www.wvaop.org

### Contact Person Responsible for Making Booth Selection

The following individual will serve as the authorized representative of the company listed below regarding the 2017 WVAOP Mid-Year Meeting. This person will receive all exhibit-related mailings and emails regarding the meeting.

Name of Authorized Representative: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*I have read the rules and regulations pertaining to the 2017 WVAOP Mid-Year Meeting and agree that all representatives and exhibiting personnel from my company will comply with them.*

Signature of Authorized Representative: \_\_\_\_\_

### Booth Fee

Application is to be accompanied by \$600 per booth non-refundable deposit to be eligible for booth assignment. All applications will be assigned on a first-come, first-serve basis.

Number(s) of Exhibition Booth(s): \_\_\_\_\_ Total Cost of Exhibition Space: \$ \_\_\_\_\_ Total Enclosed: \$ \_\_\_\_\_

Does your booth need electric?  Yes  No Number of Outlets: \_\_\_\_\_ Does your booth need a tablecloth?  Yes  No

### Payment Information

Check:  (Please make check payable to WVAOP.)

Credit Card:  Visa  MasterCard  Discover  AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ CV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

Email Address to Send Receipt to: \_\_\_\_\_

*\*Exhibitor Registration Includes: Daily admission to the Exhibit Hall and Convention Program Sessions and all exposition hall food functions.*

*\*Cancellation Policy: Registrants cancelling their registrations by May 1, 2017 will receive a refund. All cancellations must be in writing and are subject to a 5% processing fee. Any cancellations received after May 1, 2017 will not result in a refund.*

### Representative Badge Request

Each exhibit booth registration fee includes access for two (2) on-site representatives to attend the exhibit hall and receptions. Please fill out this form and email or fax it back to the WVAOP. This form must be returned **NO LATER** than May 11, 2017.

Name for Badge	Company Name for Badge

### Submitting Exhibitor Registration Form

Please mail this form with payment to: WV Association of Optometric Physicians  
18 California Avenue, Charleston, WV 25311

Or scan and email to:  
Hannah Bryant at [office@wvcsi.com](mailto:office@wvcsi.com)

Or fax this form with payment to: (304) 343-4251

Registration form and booth fee are to be received prior to the start of the 2017 Mid-Year Meeting.

Questions? Call the WVAOP office today at (304) 720-8262 or visit us at [www.wvaop.org](http://www.wvaop.org).

### Hotel Reservations

You can make your hotel room reservations by calling the Greenbrier Resort at (855) 453-4858 or online at [www.greenbrier.com](http://www.greenbrier.com). Hotel room block ends on April 1, 2017, so make sure you call early to get the best room rate discounts!



### OFFICE USE ONLY

Date Rec'd:
Booth #(s):
Total Due:
Payment Method:
Balance Due: