

83rd International Conference on Light and Vision
College of Syntonic Optometry
June 8-11, 2016
Sheraton Indianapolis City Centre Hotel
31 West Ohio Street, Indianapolis, Indiana 46204
(317) 635-2000

EXHIBIT SPACE RESERVATIONS

Company Name _____

Company Representative _____

(contact to receive information)

Company representatives attending (include phone/email if different than above)

1. _____

2. _____

Company Address _____

Phone _____

Email _____

The exhibit space will consist of a 6' x 30 skirtd table (skirtd in front and on the two sides) with two chairs and one waste can.

Fee includes the exhibitor luncheon where you will have an opportunity to introduce yourself and tell the attendees about your company.

Number of Units: _____ @ \$500.00	\$ _____
Banquet \$ 75.00	\$ _____
Conference lectures \$595	\$ _____
Total	\$ _____

_____ Will donate something to a raffle

Please return form along with payment by check or credit card by May 1, 2016:

College of Syntonic Optometry, 2052 W. Morales Dr., Pueblo West, CO 81007
Fax 719-547-3750/ voice 719-547-4953

Credit Card: _____ EXP _____

Signature _____