

**Early Bird Deadline:
March 15, 2010**

KANSAS OPTOMETRIC ASSOCIATION
2010 ANNUAL CONVENTION AND SEMINAR
APRIL 29-MAY 1, 2010 • TOPEKA CAPITOL PLAZA HOTEL

Exhibitor Registration

Company Name: _____

Contact Person: _____ (As you wish to be listed in the official program)
E-mail address: _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax Number: _____

Please print or type the names of those representing your company at this meeting. (Attach separate sheet if needed.)

What item(s) will you display? _____

No. of Booths to Reserve:

On or before March 15, 2010, early bird deadline..... _____ booths @ \$730.00 ea.
After March 15, 2010 _____ booths @ \$860.00 ea.
Additional lunches (two are included with each booth) _____ lunches @ \$25.00 ea.
Total _____

Please make checks payable to: *Kansas Optometric Association*

Desired Location of Booth (see diagram): *Booth assignments will be made in order of checks received.*

First Choice _____ Second Choice _____ Third Choice _____

Companies you would prefer not to be next to: _____

Check one of the following:

I will require electrical I will not require electrical

If you have questions, please call (785) 232-0225 or send e-mail to: todd@kansasoptometric.org.

Please return this form along with payment to: Kansas Optometric Association
1266 SW Topeka Boulevard
Topeka, KS 66612