

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

Exhibitor Sponsorship Opportunities

Company Name: _____
(As you wish to be listed in Official Program)

Contact Person: _____ E-mail address: _____

Address _____

City _____ State _____ Zip _____

Phone: _____ Fax Number: _____

We are interested in the following sponsorship opportunities:

- Coffee Break Sponsorship - \$1,000
- Break Sponsorship with refreshments and snacks - \$1,500
- Thursday Night Exhibit Hall Joint Hospitality Sponsorship - \$5,000
- Friday Lunch Sponsorship - \$5,000
- Banquet Sponsorship - \$7,500

Please contact our organization regarding the following sponsorship opportunities:

- Speaker Sponsorship
- Other _____

Please return this form to: Kansas Optometric Association
1266 SW Topeka Boulevard
Topeka, KS 66612
FAX: (785) 232-6151

Or call the KOA at: (785) 232-0225

Check enclosed Please charge \$ _____ to my: VISA MasterCard

Card Number _____ Expiration Date _____

Name (Please print) _____ Signature _____