Kansas Optometric Association's

2010 Annual Convention and Seminar

Exhibitor Function Registration Form

April 29-30, 2010 • Topeka Capitol Plaza Hotel

(Please type or print)

Organization Name

First Name **Middle Initial** **Last Name** **Name as it should appear on badge**

Address **City** **State** **Zip**

Phone **FAX** **E-mail**

Indicate the total number of tickets for each function. In the blanks to the right, record the total cost for each function.

EXHIBITOR FUNCTIONS

	Number Attending		Cost Per Person	Total Cost
Thursday, April 29, 2010				
Golf *(Includes registration/cart rental/greens fees/lunch/two mulligans/prizes)*				
Golf Registration for Exhibitors	_____	@	$125.00	$ _____
Exhibit Hall Party *(5-6:30 pm)*	_____	@	No Charge	$ _____
Friday, April 30, 2010				
Exhibit Hall Buffet *(11:00 am)*				
(Two tickets included with each booth. Only indicate additional tickets needed.).....	_____	@	$25.00	$ _____
Reception/Banquet/Awards/Entertainment.....	_____	@	$45.00	$ _____
			Grand Total	$ _____

Please return this form to:

Kansas Optometric Association
1266 SW Topeka Boulevard
Topeka, KS 66612

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

Please charge $ _____ to my: ☐ VISA ☐ MasterCard

Card Number _____ Expiration Date _____

Name (Please print)_____ Signature _____