

**EXHIBIT BOOTH APPLICATION**  
**118th Kentucky Optometric Association Congress**  
**April 24th & 25th, 2020**  
**Lexington Conference Center in Lexington, Kentucky**

**Please type or print**

Company \_\_\_\_\_  
 Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Phone # \_\_\_\_\_ FAX # \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Web Site \_\_\_\_\_ Email Address \_\_\_\_\_  
 Product to be displayed \_\_\_\_\_

**Booth Selection**

Use the exhibit hall floor plan to determine booth size and location. Please indicate four booth selections, so we may process your application as close to your request as possible. **No booth space will be reserved unless accompanied by payment. Booth reservations will not be taken by phone.**

Selection 1: Booth # \_\_\_\_\_ Selection 2: Booth # \_\_\_\_\_ Selection 3: Booth # \_\_\_\_\_ Selection 4: Booth # \_\_\_\_\_

Please list any companies you do not wish to be placed next to: \_\_\_\_\_

**Booth Identification Sign (2 lines only)**

**ONLY ONE COMPANY NAME PER BOOTH WILL BE LISTED ON THE BOOTH SIGNS. If more than one company name is submitted, only the first name will be used.**

Company \_\_\_\_\_  
 City/State \_\_\_\_\_

**Badges**

Three badges are distributed to each exhibiting company. Additional badges may be purchased for a registration fee of \$35. Please list names for badges.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ Additional Badges \_\_\_\_\_

**Payment**

Registration includes three name badges (per exhibitor), your company name in the program and all the meal functions in the exhibit hall. Please make your check payable to the **Kentucky Optometric Association, P.O. Box 572, Frankfort, KY 40602.**

<b>Registration (Booth Space)</b>	\$1000 X ( ) = \$ _____
Additional Badges	\$ 35 X ( ) = \$ _____
<b>TOTAL</b>	<b>\$ _____</b>

In accordance with the Contract Regulations governing the exhibits to be held at the Lexington Conference Center, April 24th-25th, 2020, the undersigned accepts and agrees to all terms and hereby makes application to exhibit. Upon application, this document constitutes a formal contract.

Application for exhibit space made by (please print name) \_\_\_\_\_  
 Authorized Signature for Company \_\_\_\_\_

**Payment Method:**     Check     Master Card     Visa     Discover     AMEX  
**Credit Card number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **Code:** \_\_\_\_\_

**Print name as it appears on card:** \_\_\_\_\_

**Sign name as it appears on card:** \_\_\_\_\_