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.

Registration (Booth Space) $1000 X (   ) = $_______
Additional Badges $ 35 X (   ) = $_______
TOTAL $_______

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:  __________________________________________________________

PLEASE RETURN ALL COPIES