

EXHIBIT BOOTH APPLICATION
119th Kentucky Optometric Association Congress
April 22nd & 23rd, 2022
Central Bank 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	<u>\$ _____</u>

In accordance with the Contract Regulations governing the exhibits to be held at the Central Bank Center, April 22-23, 2022, 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: _____