



The New Jersey
Academy of Ophthalmology

New Jersey Eye MDs

202 West State Street • Trenton, New Jersey 08608
609.392.1201 • Fax: 609.392.2664 • www.njao.org

The New Jersey Academy of Ophthalmology invites you to become a sponsor and exhibitor at our Annual Meeting on Friday, October 2, 2009. The NJAO Annual Meeting is highly regarded and well-attended by physicians, ancillary personnel, and exhibitors alike.

2009 Annual Meeting
The National Conference Center at the Holiday Inn
East Windsor, NJ

Friday, October 2, 2009

Each exhibitor package includes:

- One 6' table display area and two chairs
- Access to an electrical outlet (if requested)
- Breakfast, breaks, and lunch in exhibit area
- Two registrant packages (includes breakfast, breaks, lunch, and badges)
- Company listing in program, monthly newsletter, **and online registration site**
- Electronic mailing list of attendees
- Easy set-up – no drayage company = no drayage fees!
- VCR, telephone line, etc available for additional fee

For your records, our **tax ID number is 75-3142240**
Contributions of gifts to NJAO are not deductible as charitable contributions.

Please note...

Companies who request two tables will be given the option to display in a corner area. **All other tables will be first come, first serve on the day of the event.**

Independent sales representatives must register separately. Tables can be shared between two independent representatives for an additional fee of \$550 (for a total of \$1,550 for one table).

All vendors must be preregistered for the event. Vendors who are not preregistered and not displaying an event badge will not be permitted to attend.

Sponsorship opportunities also available

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**APPLICATION FOR EXHIBIT SPACE**

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Company website: \_\_\_\_\_

***Badge form and additional exhibitor information will be emailed to the company contact.***

|                                                    |           |       |
|----------------------------------------------------|-----------|-------|
| Exhibit Space                                      | \$1,000   | _____ |
| Table Share Fee (in addition to exhibit space fee) | \$ 550    | _____ |
| Sharing With: _____                                |           |       |
| Breakfast Sponsorship                              | \$3,000*  | _____ |
| Morning Break Sponsorship                          | \$1,500 * | _____ |
| Lunch Sponsorship                                  | \$6,000*  | _____ |
| Handouts                                           | \$2,000 * | _____ |
| A/V Sponsorship                                    | \$1,500 * | _____ |

*\*Sponsorship for Breakfast or Lunch includes exhibit space.*

Make check payable to NJAO mail to:  
NJ Academy of Ophthalmology  
202 West State Street  
Trenton, NJ 08608

Or pay by credit card:     Visa         MasterCard         AmEx

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature (required): \_\_\_\_\_

**Credit Card registrations may be faxed to 609-392-2664.**

If you have any questions, please call 609-392-1201.