



Spring Spectacle
 Ramada Plaza Beach Resort at Destin West
 Fort Walton Beach • March 10, 2018

West Coast Better Vision Conference
 Safety Harbor Resort & Spa
 Safety Harbor • May 19, 2018

Summer Showcase
 The Plaza Resort & Spa
 Daytona Beach • Aug. 4, 2018

2018 Table Top Exhibit Agreement

Company _____ Contact _____
 Address _____ Website _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____ Email _____

Exhibit Fees: \$495

Tabletop exhibit fee includes 1 six-foot draped table, 1 sign, and 2 representative name badges per show. Additional representatives are \$25 each. Electricity is **not** included. One additional table is available for \$35 if you bring it or we provide it. Hotel accommodations are **not** included. Exhibit move-in is at 8:30am Saturday morning of the event and breakdown starts at 7:00pm to be completed by 9:00pm that evening.

My company will exhibit at:

Spring Spectacle

Exhibit Times: 11:45am - 1:00pm & 4:45pm - 6:00pm March 10, 2018 @ **\$495.00 each**

Representative(s) 2 included (1) _____ (2) _____

Additional Badges \$25 each (3) _____ (4) _____

West Coast Better Vision Conference

Exhibit Times: 11:55am - 1:30pm & 5:30pm - 7:00pm May 19, 2018 @ **\$495.00 each**

Representative(s) 2 included (1) _____ (2) _____

Additional Badges \$25 each (3) _____ (4) _____

Summer Showcase

Exhibit Times: 11:55am - 1:30pm & 5:30pm - 7:00pm August 4, 2018 @ **\$495.00 each**

Representative(s) 2 included (1) _____ (2) _____

Additional Badges \$25 each (3) _____ (4) _____

1 Additional Table (Optional)

@ **\$35.00 per show**

Spring Spectacle West Coast Better Vision Summer Showcase

Booth \$	_____
2 Badges \$	No Charge
Additional Badges \$	_____
Booth \$	_____
2 Badges \$	No Charge
Additional Badges \$	_____
Booth \$	_____
2 Badges \$	No Charge
Additional Badges \$	_____
Additional Tables \$	_____
TOTAL AMOUNT DUE \$	_____

Payment

Check (payable to POF) Visa MasterCard AmEx Discover

Card Number _____ Exp. Date _____ CVV _____

Name _____ Signature _____ Date _____

Return with payment to:

POF – Exhibits
PO Box 1296
Crawfordville, FL 32326
 850-201-2622
 Fax 850-201-2947
 Dee@pof.org

I agree to pay above total amount according to card issuer agreement

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the event's premises and will indemnify, defend, and hold harmless the Association, its owners, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims. _____ **(Initial your acknowledgement)**