



Spring Spectacle
 The Island by Hotel RL
 Fort Walton Beach - February 29, 2020

West Coast Better Vision Conference
 Safety Harbor Resort & Spa
 Safety Harbor - June 6, 2020

Summer Showcase
 The Plaza Resort & Spa
 Daytona Beach - Aug. 22, 2020

Vision Preview
 The Westin Fort Lauderdale Beach Resort
 Fort Lauderdale - Oct. 24, 2020

2020 Exhibitor Agreement

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

Tabletop exhibit fee includes 1 six-foot draped table, 1 sign and 2 representative name badges per show. 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:

<input type="checkbox"/>	Spring Spectacle Tabletop Exhibit Exhibit Times: 11:45 am - 1:00 pm & 5:00 pm - 6:00 pm February 29, 2020 Representative (1) _____ (2) _____	\$495.00	\$
<input type="checkbox"/>	West Coast Better Vision Tabletop Exhibit Exhibit Times: 11:45 am - 1:30 pm & 5:00 pm - 7:00 pm June 6, 2020 Representative (1) _____ (2) _____	\$495.00	\$
<input type="checkbox"/>	Summer Showcase Tabletop Exhibit Exhibit Times: 11:45 am - 1:30 pm & 5:00 pm - 7:00 pm August 22, 2020 Representative (1) _____ (2) _____	\$495.00	\$
<input type="checkbox"/>	Vision Preview Booth (additional table option for Vision Preview must be ordered through Expo Services) Exhibit Times: 11:30 am - 2:00 pm & 5:00 pm - 7:00 pm October 24, 2020 Representative (1) _____ (2) _____ Representative (3) _____ (4) _____	\$795.00 Priority Booth (Standard Booth \$695)	\$
<input type="checkbox"/>	1 Additional Table (Optional)	@ \$35.00 per show	Additional Tables \$

Spring Spectacle West Coast Better Vision Summer Showcase

Payment

Check (payable to POF) Visa MasterCard AmEx Discover

Card Number _____ Exp. Date _____ CVV _____
 Name _____ Signature _____ Date _____

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

TOTAL AMOUNT DUE \$

Return with payment to:

POF - Exhibits
P.O. Box 1296
Crawfordville, FL 32326
 Phone 850-201-2622
 Fax 850-201-2947
 dee@pof.org

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)**