



Spring Spectacle
 The Island by Hotel RL
 Fort Walton Beach - February 23-25, 2024

West Coast Better Vision Conference
 Hilton St. Pete Bayfront
 Downtown St. Pete - May 3-5, 2024

Summer Showcase
 Wyndham Grand Orlando Resort Bonnett Creek
 Orlando - September 13-15, 2024

2024 Exhibitor Agreement

Vision Preview
 Ft. Laud. Marriott Coral Springs Hotel & Convention Center
 Coral Springs - November 1-3, 2024

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

Tabletop Exhibits Include: 1 six-foot draped table, 1 sign and 2 representative name badges per show. Electricity is **not** included. One additional table is available for \$100 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 - 1:30 pm & 5:00 pm - 6:30 pm February 24, 2024 \$495.00	<input style="width: 100px;" type="text" value="\$"/>
	Representative (1) _____ (2) _____	
<input type="checkbox"/>	West Coast Better Vision Tabletop Exhibit Exhibit Times: 11:45 am - 1:30 pm & 5:00 pm - 7:00 pm May 18, 2024 \$495.00	<input style="width: 100px;" type="text" value="\$"/>
	Representative (1) _____ (2) _____	
<input type="checkbox"/>	Summer Showcase Tabletop Exhibit Exhibit Times: 11:45 am - 1:30 pm & 5:00 pm - 7:00 pm September 14, 2024 \$495.00	<input style="width: 100px;" type="text" value="\$"/>
	Representative (1) _____ (2) _____	
<input type="checkbox"/>	Vision Preview Tabletop Exhibit Exhibit Times: 11:45 am - 1:30 pm & 5:00 pm - 7:00 pm November 19, 2022 \$495.00	<input style="width: 100px;" type="text" value="\$"/>
	Representative (1) _____ (2) _____	
	Representative (3) _____ (4) _____	

1 Additional Table (Optional) @ \$100.00 per show

Spring Spectacle West Coast Better Vision Summer Showcase Extra tables for Vision Preview
 TBD based on availability

**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
P.O. Box 1296
Crawfordville, FL 32326
 Phone 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)**