



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	\$
	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	\$
	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	\$
	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, 2024 \$495.00	\$
	Representative (1) _____ (2) _____	
	Representative (3) _____ (4) _____	

<input type="checkbox"/>	1 Additional Table (Optional)	@ \$100.00 per show	Additional
<input type="checkbox"/>	Spring Spectacle	<input type="checkbox"/> West Coast Better Vision	<input type="checkbox"/> Summer Showcase
			Extra tables for Vision Preview TBD based on availability

SPECIAL—All Four Shows in 2024 only \$1,780

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)