



West Coast Better Vision Conference

Safety Harbor Resort & Spa
Safety Harbor • May 20, 2017

Summer Showcase

The Shores Resort & Spa
Daytona Beach Shores • Aug. 5, 2017

Vision Preview

DoubleTree by Hilton Miami Airport & Convention Center
Miami • Oct 28, 2017

2017 Table Top Exhibit Agreement

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

Exhibit Fees: \$495 West Coast Better Vision & Summer Showcase **Exhibit Fees:** \$695 Vision Preview
 Tabletop exhibits fee includes 1 six-foot draped table, 1 sign and 2 representative name badges per show, additional representative at \$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 at 8:30am Saturday morning of the event and exhibit breakdown starts at 7:00pm and to be completed by 9:00pm that evening.

My company will exhibit at:

<input type="checkbox"/> West Coast Better Vision Conference Exhibit Times: 11:55am - 1:30pm & 5:30pm - 7:00pm May 20, 2017 @ \$495.00 each Representative(s) 2 included (1) _____ (2) _____ Additional Badges \$25 each (3) _____ (4) _____	Booth \$ _____ 2 Badges \$ No Charge Additional Badges \$ _____
<input type="checkbox"/> Summer Showcase Exhibit Times: 11:55am - 1:30pm & 5:30pm - 7:00pm August 5, 2017 @ \$495.00 each Representative(s) 2 included (1) _____ (2) _____ Additional Badges \$25 each (3) _____ (4) _____	Booth \$ _____ 2 Badges \$ No Charge Additional Badges \$ _____
<input type="checkbox"/> Vision Preview Exhibit Times: 11:45am - 2:30pm & 5:30pm - 7:00pm October 28, 2017 @ \$695.00 each Representative(s) 2 included (1) _____ (2) _____ Additional Badges \$25 each (3) _____ (4) _____	Booth \$ _____ 2 Badges \$ No Charge Additional Badges \$ _____
<input type="checkbox"/> 1 Additional Table (Optional) @ \$35.00 per show <input type="checkbox"/> West Coast Better Vision <input type="checkbox"/> Summer Showcase <input type="checkbox"/> Vision Preview	Additional _____ TOTAL AMOUNT DUE \$

Payment

Check (payable to POF) Visa MasterCard AmEx Discover

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 Name _____ Signature _____ Date _____

Return with payment to:
POF – Exhibits
1947 Greenwood Drive
Tallahassee, FL 32303
 850-201-2622
 or Fax 850-201-2625
 or 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 acknowledgement)**