



West Coast Better Vision Conference
 Safety Harbor Resort & Spa
 Safety Harbor - May 6, 2023
Summer Showcase
 Daytona Grande Oceanfront Resort
 Daytona Beach - September 9, 2023
Vision Preview
 TBD

2023 Exhibitor Agreement

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.

- West Coast Better Vision Tabletop Exhibit**
 Exhibit Times: 11:45 am - 1:30 pm & 5:00 pm - 7:00 pm May 6, 2023 **\$495.00** \$
 Representative (1) _____ (2) _____
- Summer Showcase Tabletop Exhibit**
 Exhibit Times: 11:45 am - 1:30 pm & 5:00 pm - 7:00 pm September 9, 2023 **\$495.00** \$
 Representative (1) _____ (2) _____
- Vision Preview Tabletop Exhibit**
 Exhibit Times: 11:45 am - 1:30 pm & 5:00 pm - 7:00 pm TBD, 2023 **\$495.00** \$
 Representative (1) _____ (2) _____

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

- West Coast Better Vision Summer Showcase Vision Preview

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)**