

EXHIBIT APPLICATION/CONTRACT

COMPANY INFORMATION: Complete the information exactly as it should be published in the Final Program.

Company Name: _____

Address: _____

Country: _____

City: _____ State: _____ Zip: _____

Company Phone: _____

Company Email: _____

Website URL: _____

EXHIBIT BOOTH CONTACT INFORMATION – will not be published, this is for Eye Center use only.

Marketing Contact: _____ Email: _____

Booth Contact: _____ Email: _____

Booth Contact Title: _____ Booth Contact Cell Phone Number: _____

Names of 2 representatives attending event: _____.

EXHIBITOR LEVEL – Please select one:

Exhibition Suite: \$6,000 (3 opportunities available)

Participating Exhibitor: \$3,500

EXHIBITOR SPACE CHOICES:

Exhibits limited to 6’ tabletop or equivalent floor space. Please choose your table size below no later than April 30; if no choice is made a 6’ table will be assigned. **NO CHANGES AFTER APRIL 30.**

Exhibit Space Choices: 6’ table, all items must fit on top of table

4’ table with space for your equipment (TOTAL OF 6’)

No table – you bring equipment on a stand: 6’ floor space.

PAYMENT TYPE - ONLINE PAYMENT LINK:

CHECK: Make check payable to UC REGENTS

Mail To: UC Davis Eye Center, Attn: Kimber Chavez

Tschannen Eye Institute

4860 Y Street, Suite 1E

Sacramento, CA 95817

AUTHORIZATION

Contracts will not be processed unless signed and include full payment. I am an authorized representative of the company with full power and authority to sign and deliver this application and contract. The company listed on this application agrees to comply with all the policies, rules, and regulations contained in the Exhibitor Prospectus and all policies, rules, and regulations adopted after publication of the prospectus.

Authorized Name: _____

Authorized Signature: _____ Date: _____

Please email completed form to KLChavez@ucdavis.edu