

APPLICATION TO EXHIBIT

Storm Eye Institute & OCULAR SURGERY NEWS present



June 2-4, 2011
Kiawah Island, SC
KiawahEye.com

OFFICE USE ONLY

Date Received	_____
Booth Assigned	_____
Cost of Booth	_____
First Deposit Received	_____
Check #	_____
Balance Due	_____

Company _____

Street Address _____

City _____

State _____

Zip Code _____

Submitted by _____

Title _____

Phone _____

Fax _____

E-mail _____

Note: Please direct all further correspondence to (if different from above)

Contact _____

Street Address _____

City _____

State _____

Zip Code _____

You are hereby authorized to reserve exhibit space as indicated below for use at Kiawah Eye. By signing this application, the applicant agrees to fulfill all sponsorship responsibilities set forth by OCULAR SURGERY NEWS, SLACK Incorporated, and their agents. Failure to abide by these rules and regulations will result in forfeiture of all moneys paid or due Management under terms of this agreement. A 50% deposit is required at time of application submission and the balance is due by February 14, 2011.

Signature _____

EXHIBIT SPACE

Kiawah Eye 2011

One Exhibit Booth: \$3,100

Will you be displaying a piece of diagnostic equipment?

YES NO

Payment

Check enclosed made payable to "Kiawah Eye 2011"

Charge my Visa Mastercard American Express

Account Number _____

3-4 Digit Security Code _____

Exp. Date _____

Signature _____

Mail or fax this form to:

SLACK Incorporated • Attn: Donna Rosenstock

6900 Grove Road • Thorofare, NJ 08086-9447

Toll-free: 1-800-257-8290 x257 • Fax: 856-848-3522

Exhibitor Cancellation Policy

Any exhibitor who releases assigned space by November 2, 2010, will be refunded all but the \$750 administrative fee. For cancellations of exhibit space between November 2, 2010 and January 4, 2011, 50% of space rental charge will be assessed to the canceling exhibitor/company. After January 4, 2011, 100% of space rental charge will be assessed to the canceling exhibitor/company. In the event that the cancelled space is resold and the entire exhibition is sold out, the cancellation penalty will be 50% of the rental charge.

EXHIBITION LISTING

Storm Eye Institute & OCULAR SURGERY NEWS present



June 2-4, 2011
Kiawah Island, SC
KiawahEye.com

Please list the following information as you would like it to appear in the program book exhibitor listing
Applications received after February 15, 2011 will not be listed in the symposium program.

Please fax form with exhibitor application to 856-848-3522.

Please note: Product and company descriptions will not be included.

Company Name _____

Street Address _____

City _____

State _____

Zip Code _____

Phone and Extension _____

Fax _____

Contact E-mail _____

Web Address _____

EXHIBITOR COMMUNICATION INFORMATION

Exhibit Management

Donna Rosenstock
6900 Grove Road
Thorofare, NJ 08086-9447
Telephone: 856-848-1000 x257
Fax: 856-848-3522
Email: drosenstock@slackinc.com

Facility

Kiawah Island Golf Resort
1 Sanctuary Beach Drive
Kiawah Island, SC 29455
Telephone: 843-768-2766

Support Opportunities

Scott Wright
Slack Incorporated
6900 Grove Road
Thorofare, NJ 08086-9447
Phone: 856-848-1000 x363
Email: swright@gomindworks.com