



## APPLICATION FOR EXHIBIT SPACE

**DATE:** SUNDAY, MARCH 5, 2017  
**EVENT:** N.J.S.O.P.'s WINTER CONTINUING EDUCATION SERIES

PRINCETON HYATT REGENCY HOTEL, PRINCETON, NJ

**EXHIBITOR REGISTRATION & SET-UP:** SUNDAY MARCH 5, 2017  
8:30 AM - 9:30 AM

**EXHIBIT AREA OPEN:** SUNDAY, MARCH 5, 2017  
10:00 AM - 1:30 PM

The undersigned agrees to participate as an Exhibitor at the NJSOP's Winter Continuing Education Series for the following registration and fees:

\$ 950.00 = Exhibit Fee  
\$ \_\_\_\_\_ = Additional Buffet Luncheon Tix @ \$50 each  
\$ \_\_\_\_\_ = TOTAL AMOUNT ENCLOSED

which will entitle the undersigned the use of (1) exhibit space (8' X 10'); one (1) 6' X 24" table and covering; two (2) side chairs; one (1) wastebasket, one (1) company identification sign and two (2) buffet luncheon tickets.

Company Name (as it is to appear on sign): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) of Person(s) who will be representing your company at the event: (two luncheon tickets are included in exhibit fee)

1) \_\_\_\_\_ 2) \_\_\_\_\_

Additional paid person(s) @ \$50 each who will be representing your company:

3) \_\_\_\_\_ 4) \_\_\_\_\_

**Please make checks payable to: "NJSOP" and mail form & check to:**  
**New Jersey Society of Optometric Physicians – 4 AAA Drive – Suite 204 – Hamilton, NJ 08619**  
**TEL (609)-323-4012 FAX (609) 323-4014**

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**PLEASE COMPLETE AND REMIT THIS APPLICATION ONLY – NO PAYMENT IS NEEDED**  
**THE EXHIBIT FEE IS INCLUDED AS PART OF YOUR 2017 PROGRAM SPONSORSHIP.**

**THANK YOU FOR YOUR SPONSORSHIP!**

***Register early as exhibit space is limited and has sold out in previous years***