

**APPLICATION FOR  
EXHIBIT SPACE**

**CANADIAN  
OPHTHALMOLOGICAL  
SOCIETY**

**610-1525 Carling Avenue  
Ottawa, ON K1Z 8R9  
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COS Annual Meeting and Exhibition  
**June 21-24**  
Westin Harbour Castle

Congrès et exposition annuels de la SCO  
**Du 21 au 24 juin**  
Westin Harbour Castle

Booths are assigned on a first-come, first-served basis. Our preferences for exhibit space are indicated by the following booth numbers:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

We wish to avoid having our exhibit located adjacent to or opposite the following companies: \_\_\_\_\_

(COS will endeavor to comply with your wishes. Please note that this may not be possible and COS will assign space best suited to your needs.)

Standard Booth Size: 10' x 10'

Rental Fees:

\$3,210.00 (or \$32.10/sq ft)

Wet Lab: \$27.29/sq ft

Includes 7% GST

**Agreement**

We understand this to be a firm contract with the Canadian Ophthalmological Society for exhibit space at its Annual Meeting & Exhibition, 21-24 June 2006. It is also understood and agreed that we will abide by all terms and conditions as detailed in the Exhibitor Prospectus.

**Cancellation**

Cancellations must be received in writing before 1 April 2006 otherwise rental fees are due in full 1 April 2006.

**Deposit**

A non-refundable deposit of \$1,500 per booth is required to hold your space with the balance due 01 April 2006. Make cheques payable to Canadian Ophthalmological Society.

**FOR OFFICE USE ONLY:**

Space Assignment: \_\_\_\_\_

# of Booths: \_\_\_\_\_

Cost of Space: \_\_\_\_\_

Deposit Received:

Balance Due: \$ \_\_\_\_\_

REMARKS:

Will you be providing a surgical wet lab? Yes No

Please list any special requirements (i.e. water, electricity, sign)

\_\_\_\_\_

Firm Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name/Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_