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## EXHIBITOR INFORMATION

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

Contact Person:  
Name \_\_\_\_\_ Title \_\_\_\_\_

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

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

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

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## EXHIBIT SPACE

# \_\_\_\_\_ 10' x 10' (3m x3m) exhibit spaces at \$3500 + GST

Electrical outlet  Y  N Surgical Wet Lab  Y  N

Preferred booth location (see attached floor plan)  
1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

If possible, we do not wish to be located directly beside or across from:

\_\_\_\_\_

*Please note: Exhibits are assigned according to booth size, exhibitor requirements and efficient use of exhibition hall space. While efforts are made to accommodate exhibitor preferences, COS reserves the right to determine the final allocation of booth space.*

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## EXHIBITOR FORUMS

Saturday June 21, 2009. Maximum 75 participants. Fees include room, basic A/V, coffee & tea.

Fees based on sponsorship level:  
 Platinum n/c  Gold \$2000  Silver \$3000  Bronze \$4000  All others \$5000

If possible, we would prefer this time slot:  
 0800-0930  1030-1200  0100-1430  1530-1700  1800-1930

*Please note: Participation in the Exhibitor Forum program does not constitute an endorsement by COS of the claims, products or services offered.*

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## AGREEMENT

We understand this to be a firm contract with the Canadian Ophthalmological Society for exhibition space at its Annual Meeting & Exhibition, 20-23 June 2009. It is also understood and agreed that we will abide by all terms and conditions as detailed in the Exhibitor Prospectus. Cancellations must be received in writing before 1 April 2009 otherwise rental fees are due in full.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date