



APPLICATION FOR EXHIBIT SPACE

CANADIAN OPHTHALMOLOGICAL SOCIETY
 610-1525 Carling Avenue Ottawa, ON K1Z 8R9
 Tel: (613) 729-6779

Firm Name: _____

Address: _____

Telephone: _____ **Fax:** _____

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 (Includes 7% GST) per booth

GST # R106 864 622

FOR OFFICE USE ONLY

Space Assignment: _____

of Booths: _____

Cost of Space: _____

Deposit Received: _____

Balance Due: _____

Program Listing Received: _____

REMARKS:

Program Description

*****free advertising****

You are invited to submit a 100-word description of the products and/or services to be displayed in your booth to be published in the final Program. Deadline for submissions: 31 January 2003.

Agreement

We understand this to be a firm contract with the Canadian Ophthalmological Society for exhibit space at its Annual Meeting & Exhibition, 26-29 June 2003. It is also understood and agreed that we will abide by all terms and conditions as detailed in the Exhibitor Prospectus (printed version)

Cancellation

Cancellations must be received in writing before 1 April 2003 otherwise rental fees are due in full 01 April 2003.

Deposit

A non-refundable deposit of \$1,500 per booth requested is required to hold your space with the balance due 01 April 2003. Make cheques payable to Canadian Ophthalmological Society.

Will you be providing a surgical wet lab? Yes No

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

Authorized Signature: _____

Name: _____

Title: _____

Email: _____ **Date:** _____