

APPLICATION FOR EXHIBIT SPACE

CANADIAN OPHTHALMOLOGICAL SOCIETY

**610-1525 Carling Avenue
Ottawa, ON K1Z 8R9
Tel: (613) 729-6779
Fax: (613) 729-7209
Email: kross@eyesite.ca**

Standard Booth Size: 10' x 10'

Rental Fees: \$3,210.00 (or \$30/sq ft = gst) Includes 7% GST

GST #R106 864 622

FOR OFFICE USE ONLY:

Space Assignment: _____

of Booths: _____

Cost of Space: _____

Deposit Received:

Balance Due: \$ _____

Program Listing Received:

REMARKS:



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)

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.

Agreement

We understand this to be a firm contract with the Canadian Ophthalmological Society for exhibit space at its Annual Meeting & Exhibition, 16-19 June 2004. 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 2004 otherwise rental fees are due in full 1 April 2004.

Deposit

A non-refundable deposit of \$1,500 per booth is required to hold your space with the balance due 01 April 2004. 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)

Firm Name: _____

Address: _____

Telephone: _____ Fax: _____

Authorized Signature: _____

Name/Title: _____

E-Mail: _____ Date: _____