



EXHIBITOR APPLICATION

REGISTER TODAY!

EVENT: 2016 NJSOP MANAGED CARE SEMINAR

LOCATION: Battleground Country Club
1 Covenhaven Road, Manalapan, NJ 07726

DATES: Wednesday December 7, 2016

EXHIBIT FEE: \$750

REGISTRATION & SET-UP:

7:00 AM – 7:30 AM

EXHIBIT AREA OPEN:

7:30 AM - 8:15 AM; 9:55 AM – 10:10 AM; 11:50 AM – 1:30 PM

The undersigned agrees to participate as an exhibitor at the NJSOP's 2016 Fall Continuing Education Seminar. Exhibit fee includes one 6 ft. skirted exhibit table, 2 chairs, continental breakfast and buffet luncheon for two company representatives.

Please check here if standard electrical wall outlet is needed: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: (____) _____ FAX: (____) _____

Contact Name: _____ Email: _____

Name(s) of Person(s) who will be representing your company at the event:

1) _____ 2) _____

Credit Card: circle one (MC/VISA/AMEX) #: _____ Exp. _____ Security Code: _____

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

THANK YOU FOR YOUR REGISTRATION!

**THIS IS A LIMITED OFFER BASED ON SPACE AVAILABILITY. APPLICATIONS WILL BE
PROCESSED IN THE ORDER THEY ARE RECEIVED**