



**\*\*\*\* SPACE IS LIMITED \*\*\*\*RESERVE YOUR SPACE NOW \*\*\*\***

November 15, 2018

Dear Exhibitor:

The New Jersey Society of Optometric Physicians invites your participation at our Snow School 2019 on Saturday January 26th at Kalahari Resort and Conference Center in Pocono Manor, PA.

Our program provides for a continental breakfast, buffet luncheon and one morning break. All exhibit tables will be located in the dining room located across from the lecture hall. Additionally, we are offering exhibitors the opportunity to include promotional material in each doctor's registration packet, providing the materials (75 copies) are received at the NJSOP office **no later than Monday January 14<sup>th</sup>**.

The exhibit fee is \$750. Exhibit space includes the following: continental breakfast, AM Break and buffet luncheon for two (2) company representatives (additional luncheon tickets may be purchased); and one (1) 6'X24" skirted table. Please check the box on the Exhibit Application if you need electricity at your table.

The application on the reverse side will reserve your booth at our seminar. Upon receipt of your application and appropriate fee(s), we will send your company a confirmation of your exhibit table.

**Lodging is not included in the registration fee; however the NJSOP has secured a special room rate at Kalahari Resorts & Convention Center (250 Kalahari Drive, Pocono Manor, PA 19349):**

- **Friday & Saturday - \$294/night plus tax:** 2 queen beds (max. 4 people per room). Maximum of 2 additional guests to rooms with sofa beds for a fee of \$35/person. **Admission to the indoor waterpark is included for each registered hotel guest.**
- One night deposit is due at the time of reservation. **Cancellation policy** requires 72 hours or more notice prior to scheduled arrival, full refund less \$25 processing fee. Less than 72 hours notice prior to arrival date forfeits entire deposit.
- **To receive the discounted room rate, reservations must be made through the dedicated website portal:** <https://book.passkey.com/e/49816642> by Wednesday December 26<sup>th</sup>.

**We appreciate your support of our programs and look forward to seeing you in the Poconos on January 26<sup>th</sup>!**

**On line registration is available at [www.njsop.org](http://www.njsop.org)**

**APPLICATION IS ON REVERSE SIDE OF THIS LETTER**

4 AAA Drive – Suite 204 – Hamilton, NJ 08691 – TEL (609) 323-4012 – FAX (609) 323-4014

# APPLICATION FOR EXHIBIT SPACE

**DATE:** SATURDAY JANUARY 26, 2019  
**EVENT:** "SNOW SCHOOL"  
**LOCATION:** KALAHARI RESORT  
250 Kalahari Blvd., Pocono Manor, PA 18349

**EXHIBITOR REGISTRATION & SET-UP:** SATURDAY, JANUARY 26, 2019  
7:15 AM – 7:45 AM

**EXHIBIT AREA OPEN:** SATURDAY JANUARY 26, 2019  
8:00 AM - 3:00 PM

The undersigned agrees to participate as an Exhibitor at Snow School 2019 at the rate of **\$750**. Fee includes: one 6 ft. skirted table, 2 chairs, continental breakfast, AM break and buffet luncheon for two (2) company representatives.

Company Name : \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

**CHECK HERE IF YOU REQUIRE ELECTRICITY AT YOUR EXHIBIT TABLE:** \_\_\_\_\_

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

1) \_\_\_\_\_ 2) \_\_\_\_\_

Additional representative(s) at \$35 each: \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_ Check Enclosed (payable to "NJSOP Snow School")

Credit Card: \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ American Express

CC# \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name As It Appears on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

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