

**PENNSYLVANIA OPTOMETRIC ASSOCIATION SPRING CONGRESS**  
**MAY 19-21, 2017**  
**SHERATON STATION SQUARE HOTEL**  
**PITTSBURGH, PA**

Firm name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Website \_\_\_\_\_

**Primary Contact Person:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

**We are applying for the following number of tables at \$1235 each:**

One \_\_\_\_\_ Two \_\_\_\_\_

**Our representatives will be: (must be included for registration purposes):**

1. \_\_\_\_\_ E-mail \_\_\_\_\_

2. \_\_\_\_\_ E-mail \_\_\_\_\_

**Additional representatives at \$75.00 each are:**

1. \_\_\_\_\_ E-mail \_\_\_\_\_

2. \_\_\_\_\_ E-mail \_\_\_\_\_

Brief description of product/service to be exhibited:

Our door prize is: \_\_\_\_\_

Our payment of \$\_\_\_\_\_ is enclosed

VI/MC/DISC/AMEX \_\_\_\_\_ Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

Complete and return to: POA, 218 North Street, Harrisburg, PA 17101  
(enclose check for \$1235+ additional person fees if necessary)

FOR OFFICE USE ONLY

Total due \_\_\_\_\_ Date of deposit \_\_\_\_\_

Dir. of Ed. \_\_\_\_\_