

PENNSYLVANIA OPTOMETRIC ASSOCIATION SPRING CONGRESS
MAY 17-20, 2018
SEVEN SPRINGS MOUNTAIN RESORT
SEVEN SPRINGS, PA

Company Name _____ POA Business Partner Yes/No

Mailing Address _____

City/State/Zip _____

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 confirmation purposes):

Name _____ E-mail _____ Cell _____

Name _____ E-Mail _____ Cell _____

Additional representatives at \$80 each are:

Name _____ E-mail _____ Cell _____

Name _____ E-Mail _____ Cell _____

Products/services to be exhibited: _____

A key statement about your company for promotional purposes (20 word max):

Our door prize is: _____

Check enclosed # _____

VI/MC/DISC/AMEX Card # _____

Exp. Date _____ Name on Card _____

Complete and return to POA, 218 North Street, Harrisburg, PA 17101 Fax (717) 233-6833

For office use only:

Total Due _____ Date received _____

Deposited by _____