

**POA Meeting Participation Form**  
**June 6-8, 2008**  
**Omni William Penn Hotel**  
**Pittsburgh, PA**

Please check below those functions which you would like to provide. You will receive confirmation and further information from the POA office upon receipt.

- |                          |  |             |
|--------------------------|--|-------------|
| <input type="checkbox"/> | POA Board of Directors/AOA President-Elect Lunch       | \$500       |
| <input type="checkbox"/> | Portfolios/handout materials                           | \$1500      |
| <input type="checkbox"/> | Opening General Session Speaker - Dr. Lawrence DeLucas | \$3000      |
| <input type="checkbox"/> | OD/Year, Young OD/Year, Van Essen, Merit Awards        | \$750       |
| <input type="checkbox"/> | Saturday morning break                                 | \$750       |
| <input type="checkbox"/> | Saturday afternoon break                               | \$750       |
| <input type="checkbox"/> | Sunday morning break                                   | \$750       |
| <input type="checkbox"/> | Entertainment for Friday Reception                     | \$1000      |
| <input type="checkbox"/> | Entertainment for Saturday event                       | \$1000      |
| <input type="checkbox"/> | 2 hour continuing education program (5 available)      | \$1500 each |
| <input type="checkbox"/> | Shuttle buses for Saturday night event                 | \$1000      |
| <input type="checkbox"/> | T-shirts for Saturday fun run/walk                     | \$500       |
| <input type="checkbox"/> | Box lunches for exhibit hours                          | \$3000      |
| <input type="checkbox"/> | Table-top exhibit Saturday                             | \$1000      |
| <input type="checkbox"/> | General Meeting Support                                | \$_____     |

Company Name \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone \_\_\_\_\_

Visa    MC    Disc   # \_\_\_\_\_  
 Expiration \_\_\_\_\_ Name on Card \_\_\_\_\_  
 Check Enclosed # \_\_\_\_\_

**Please complete this form and return to:**  
**Pennsylvania Optometric Association**  
**218 North Street, Harrisburg, PA 17101**