

# 2018 MOA EXHIBIT Commitment Form



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

Company Contact Name/Title: \_\_\_\_\_

Billing Address/City/State/Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_  
Email Required for credit card purchases – used for receipts.

Website: \_\_\_\_\_

**SELECT CONFERENCES that your company will ATTEND:**

\_\_\_\_ MARCH (\$700) \_\_\_\_ JUNE (\$700) \_\_\_\_ SEPTEMBER (\$700) \_\_\_\_ DECEMBER (\$700)  
Please register for all conferences you plan to attend.

**Additional Program Support?? YES NO**

Company Representative(s) Needing Name Badges at Conference: (Please Print)

\_\_\_\_\_  
\_\_\_\_\_

Electricity? \_\_\_ Yes \_\_\_ NO

Method of Payment: PAYABLE TO MAINE OPTOMETRIC ASSOCIATION (CHECK ONE)

CHECK# \_\_\_\_\_  VISA  MASTERCARD  DISCOVER (Sorry NO AMEX)

CREDIT CARD #: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ Name Printed on Card: \_\_\_\_\_

Cost is \$700 for each conference attended—payable in advance of exhibiting—  
Feel free to register for all 4 conferences and have your 2018 year all set for success!

Mail to: MOA Office  
4946 Colonnades Circle E  
Lakeland, FL 33811 OR Fax to: (207) 512-1211  
Email: moa.office@tampabay.rr.com

Please register 6 weeks in advance of every conference to allow time for all paperwork/payments to clear.