

MSO EXHIBITOR REGISTRATION FORM

Company _____

Contact Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Attending Reps:

Name: _____

Email: _____

Phone: _____

Name: _____

Email: _____

Phone: _____

Programs:

- | | |
|--|--------|
| <input type="checkbox"/> Sunday, March 28, 2010 | \$600 |
| <input type="checkbox"/> Electricity: | \$35 |
| <input type="checkbox"/> Sunday, October 24, 2010 | \$600 |
| <input type="checkbox"/> Electricity | \$35 |
| <input type="checkbox"/> Sign me up for both days! | -\$100 |
| TOTAL: | _____ |

**PREPAY FOR BOTH SUNDAYS
BY MARCH 12 AND
SAVE \$100!**

Payment Information:

- Check enclosed (payable to the Massachusetts Society of Optometrists)

Credit Card: Visa Mastercard Discover

Card Number: _____ Expiration (MM/YY): _____

Name on Card: _____ Billing Zip: _____

Mail All Forms To:

Massachusetts Society of Optometrists
1071 Worcester Road, Suite 12
Framingham, MA 01701

Or Fax To:

508-875-0010

