

# 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 4, 2012     | \$600  |
| <input type="checkbox"/> Electricity:              | \$35   |
| <input type="checkbox"/> Sunday, November 11, 2012 | \$600  |
| <input type="checkbox"/> Electricity               | \$35   |
| <input type="checkbox"/> Sign me up for both days! | -\$100 |

TOTAL: \_\_\_\_\_

**PREPAY FOR BOTH  
SUNDAYS BY  
FEBRUARY 27 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

### Or Email PDF Form To:

richie@massoptom.org

