



EXHIBITOR REGISTRATION AGREEMENT
MiSEPS 52nd Annual Conference – August 6 – 8, 2020

Please reserve exhibit space for our use at **Grand Hotel, Mackinac Island, Michigan**. We agree to comply with the exhibitor guidelines as outlined with this application. We understand that upon acceptance of this application by the **Michigan Society of Eye Physicians and Surgeons (MiSEPS)**, all terms incorporated herein, and space assignment by MiSEPS, are in effect.

Complete Exhibitor Company Information here and Send Logo in jpeg format to: jlbranche@miseps.org

COMPANY NAME: _____
Exhibitor Company Name (This is how your company will be printed)

ADDRESS: _____

PHONE: _____

PRIMARY CONTACT NAME: _____ **Email** _____

Each exhibit space is limited to one (1) table per company/division/entity. No sharing of tables. Each company/division/entity requires a separate table purchase. Please note that cancellations will not be accepted unless written notice is received by **MiSEPS** on or before July 15, 2020. Thereafter, a 75% withdrawal fee will be assessed. Please direct correspondence to the **MiSEPS Executive Offices** address below.

Please return this application with the appropriate check amount made payable to MiSEPS (Write "52nd Annual Conference" in the memo line). Contact MiSEPS Executive Offices for payment by Credit Card. Payment in Full must be received by MiSEPS prior to the Annual Conference.

Exhibit space if paid by July 15, 2020.....	\$ 3,250
Exhibit space if paid after July 15, 2020.....	\$ 3,750
Electrical for exhibit space – add \$50.....	\$ 50
Additional Sponsorship with Purchase of Exhibit Space:	
o Front Porch Reception	\$ 1,500
o Presidents Banquet*.....	\$ 2,000
o Presidents Soirée.....	\$ 2,000
o Breakfasts	\$ 2,000
o Breaks.....	\$ 1,500
o Barbeque	\$ 2,000
*Exhibitors may attend at \$50 per individual (Paid prior to Annual Conference)	\$ _____

TOTAL REMITTANCE..... \$ _____

Additional charges may be applicable for special accommodations. All arrangements must be made at least 30 days **in advance**, directly with the Convention Manager at the Grand Hotel.

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Product/Service to be exhibited: _____

Company/Product/Service:

***A maximum of (4) representatives for each company/division/entity per table. Please complete the below contact information required to facilitate communication with Exhibitor Representatives:**

1)*Name: _____ *Email Address: _____

*Address: _____ *Phone: _____

2)*Name: _____ *Email Address: _____

*Address: _____ *Phone: _____

3)*Name: _____ *Email Address: _____

*Address: _____ *Phone: _____

4)*Name: _____ *Email Address: _____

*Address: _____ *Phone: _____

Representatives may attend CME activities for education purposes only at the discretion of MiSEPS. As observers these representatives are not allowed to engage in sales or marketing activities while in the space or place of the educational activity and may not actively participate during the Q & A portion of the CME activity.

Application completed by _____

Signature

Name/Date

Return by Scan to jlbranche@miseps.org or fax to (313) 822-4233