

EXHIBITOR BOOTH APPLICATION

**Kentucky Association of Technical Personnel in Ophthalmology
2012 Continuing Education Program & Tech Bowl
Marriott Griffin Gate Resort & Spa
Lexington, KY
February 3rd & 4th, 2012**

Company: _____

Contact: _____

Phone: _____ Fax: _____

Address: _____

Email: _____

Please indicate name as it should appear in the course literature and on the list of exhibitors printed in the event program:

Booth Requirements

Please bring a sign to identify your booth. We will provide a six foot draped table.

_____ Check here if you will need an electrical outlet. (Included in fee)

_____ Check here if you need access to the Internet. (Included in fee)

Please indicate the days you plan to attend your booth: _____ Fri, Feb 3rd

_____ Sat, Feb 4th

Payment

Exhibitor Booth Fee (Includes Friday and Saturday) \$200.00

Please make checks payable to *KATPO*. (We are unable to accept credit card payments.)

Mail payment and application to: **Katrina Gjuraj, COT
1832 Wayland Drive
Lexington, KY 40505**

Tax ID#: 61-1306096
