

VISIONS 2008

Foundation Fighting Blindness National VISIONS Conference
August 8-10, 2008 | Hyatt Crystal City, Arlington, VA

Exhibit and Advertising Registration Form

Company Name: _____

Contact Person: _____

Title: _____

Street Address: _____

City/State/Zip: _____

Email: _____ Phone: _____ Fax: _____

Names of individuals who will staff your booth (Max. 2)

Please describe (25 words or less) the products or services provided by your organization. Description will be included in the conference press kits and promotion listings.

Standard Exhibit Package Benefits (9999 4401 2300)

Exhibit Dates: August 8-9, 2008

- Includes 2 exhibit registration passes
- Company listed in exhibitor section of FFB website (www.FightBlindness.org/VISIONS)
- Company listed in exhibitor section of Conference Program book and all applicable listings of exhibitors for conference
- A one-line identification sign listing company name and booth number
- A two-line description of the company along with contact information and logo in Conference Program book
- Possible program presentation opportunities depending on coping or assisted technology topics
- Full access to all sessions

Select your package below. Note: Early bird prices are applicable to registrations made on or before July 1, 2008. Non-profit companies will need to provide evidence of their non-profit status and services provided to the visually-impaired audience.

Commercial Rates:

Early Bird \$575

Regular \$725

Non-Profit Rates:

Early Bird \$425

Regular \$525

See reverse side

VISIONS 2008 EXHIBIT AND ADVERTISING REGISTRATION FORM – SIDE 2

Conference Program Advertising (9999 4052 2300)

- | | |
|---|-------|
| <input type="checkbox"/> Inside Front Cover | \$750 |
| <input type="checkbox"/> Inside Back Cover | \$600 |
| <input type="checkbox"/> Full-page | \$475 |
| <input type="checkbox"/> Half-page | \$300 |
| <input type="checkbox"/> Quarter-page | \$175 |
| <input type="checkbox"/> Acknowledgment | \$100 |

Please email all artwork to jbridges@FightBlindness.org.

Total Exhibit and Advertising Charges: \$_____

Please make checks payable to the Foundation Fighting Blindness or bill credit card account:

Company Credit Card Personal Credit Card

Visa Master Card American Express

Card Number: _____ Exp. Date _____

Name on Card: _____

Signature: _____ Date: _____

Questions? Call Linda Gorsuch at (410)568-0168 or lgorsuch@FightBlindness.org. **Forms and payment must be received by July 1, 2008 for inclusion in the Conference Program.** A confirmation letter will be sent to you upon receipt of this registration form and payment.

Please complete this form, enclose payment, and mail to:

Foundation Fighting Blindness

Attn: Jennifer Bridges

11435 Cronhill Drive

Owings Mills, MD 21117-2220