

**Opticians Association of Alaska
2017 Convention
Vendor Registration Form
May 6th Tradeshow 12-2pm
Coast International Inn
Anchorage, AK**

Name _____

Home Address _____

Home Phone or Cell _____ Fax _____

Email Address _____

Company Name _____

Company Address and Contact _____

Company Phone _____ Fax _____

Yes, I plan to attend _____
First Table \$300.00 _____
2nd Table \$250.00 _____
Total Table Fees _____

Yes, my company will also sponsor in the amount of _____

No, I cannot attend, but want to support the Opticians Association of Alaska with a sponsorship of...
\$250.00 _____
\$350.00 _____
\$500.00 _____
Other \$ _____

Method of Payment (Please mark one)

Check _____ Make payable to **Opticians Association of Alaska, Inc.**

Credit Card: **Visa** _____ **Mastercard** _____ **Expiration** _____ **Vcode** _____

Card # _____

Signature _____

Please complete form and mail with payment to:

Opticians Association of Alaska
C/O Angela Hawk
Po Box 10877
Fairbanks, AK 99710
ahawk@eyeclinicfbks.com