

**Opticians Association of Alaska  
2016 Convention  
Vendor Registration Form  
March 18<sup>th</sup> & 19<sup>th</sup>  
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 \_\_\_\_\_  
2<sup>nd</sup> 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:**

Christi Brand  
Golden North Optics  
1521 Stacia St  
Fairbanks, AK 99701  
Fax (907)456-4830