

**OREGON ACADEMY OF OPHTHALMOLOGY**  
**2026 Post Graduate Convention**  
**February 26-27, 2026 | World Forestry Center**

**EXHIBITOR REGISTRATION**

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_ Badge ☐ YES ☐ NO

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**EXHIBITOR BADGE INFORMATION**

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

**EXHIBITOR LEVELS**

<p style="text-align: center;"><b>Exclusive Reception Sponsor &amp; Platinum Exhibitor - \$5,000</b></p> <p>As the Exclusive Reception Sponsor, you will receive all the benefits associated with the Platinum Exhibitor. Additional benefits include:</p> <ul style="list-style-type: none"><li>Five-minute presentation to reception attendees</li><li>Poster with your logo</li><li>Email blast to attendees</li><li>Two additional badges</li></ul> <p style="text-align: center;"><input type="checkbox"/> <b>\$5,000</b></p>	<p style="text-align: center;"><b>Platinum - \$2,500</b></p> <ul style="list-style-type: none"><li>Choice of table location</li><li>Name in program</li><li>6-foot draped table with power (if requested)</li><li>Logo on lobby monitor</li><li>Meals, snacks &amp; beverages for up to two representatives*</li></ul> <p style="text-align: center;"><input type="checkbox"/> <b>\$2,500</b></p>	<p style="text-align: center;"><b>Gold - \$2,000</b></p> <ul style="list-style-type: none"><li>Name in program</li><li>6-foot draped table with power (if requested)</li><li>Meals, snacks &amp; beverages for one representative*</li><li>Logo on lobby monitor</li></ul> <p style="text-align: center;"><input type="checkbox"/> <b>\$2,000</b></p> <hr/> <p style="text-align: center;"><b>Silver - \$1,500</b></p> <ul style="list-style-type: none"><li>Name in program</li><li>4-foot draped table (<i>no large equipment</i>)</li><li>Meals, snacks &amp; beverages for one representative*</li></ul> <p style="text-align: center;"><input type="checkbox"/> <b>\$1,500</b></p>
--	---	---

**Do you require electricity for your table?** ☐ YES ☐ NO

Please indicate any companies you do NOT want to be located next to – requests will be accommodated if possible.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**PAYMENT INFORMATION**

**PAYMENT METHOD:** ☐ Check Enclosed/Mailed ☐ Credit Card **TOTAL ENCLOSED \$** \_\_\_\_\_

*\*Please add \$150 for each additional representative.*

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_ Zip \_\_\_\_\_

Register Online or return this form with payment to 417 2<sup>nd</sup> Street, Ste 101 | Lake Oswego, OR 97034  
Or FAX form to 503-210-1533

CANCELLATIONS will be charged a \$100 service fee. No refunds after February 6, 2026.

For questions, contact Shelley Shirley at 503-222-EYES or e-mail Staff@OregonEyePhysicians.org.