

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;">Exclusive Reception Sponsor & Platinum Exhibitor - \$5,000</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">Five-minute presentation to reception attendeesPoster with your logoEmail blast to attendeesTwo additional badges <p style="text-align: center;"><input type="checkbox"/> \$5,000</p>	<p style="text-align: center;">Platinum - \$2,500</p> <ul style="list-style-type: none">Choice of table locationName in program6-foot draped table with power (if requested)Logo on lobby monitorMeals, snacks & beverages for up to two representatives* <p style="text-align: center;"><input type="checkbox"/> \$2,500</p>	<p style="text-align: center;">Gold - \$2,000</p> <ul style="list-style-type: none">Name in program6-foot draped table with power (if requested)Meals, snacks & beverages for one representative*Logo on lobby monitor <p style="text-align: center;"><input type="checkbox"/> \$2,000</p> <hr/> <p style="text-align: center;">Silver - \$1,500 SOLD OUT</p> <ul style="list-style-type: none">Name in program4-foot draped table (<i>no large equipment</i>)Meals, snacks & beverages for one representative* <p style="text-align: center;"><input type="checkbox"/> \$1,500</p>
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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 2nd 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.