

**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**

<b>Exclusive Reception Sponsor &amp; Platinum Exhibitor - \$5,000</b>	<b>Platinum - \$2,500</b>	<b>Gold - \$2,000</b>
<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><input type="checkbox"/> \$5,000</p>	<p><input type="checkbox"/> \$2,500</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><input type="checkbox"/> \$2,000</p>
		<p style="text-align: center;"><b>Silver - \$1,500 SOLD OUT</b></p> <ul style="list-style-type: none"> <li>• Name in program</li> <li>• 4-foot draped table (no large equipment)</li> <li>• Meals, snacks &amp; beverages for one representative*</li> </ul> <p style="text-align: center;"><input type="checkbox"/> \$1,500</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.