

Exhibitor Information

Booth Specs

Exhibitors will receive an 8' x 10' booth consisting of 8' tall back drape, 3' tall side drapes, one 6' skirted table, two folding chairs, one wastebasket, and one company identification sign. Additional equipment and materials must be purchased from the show contractor.

Official Service and Drayage Contractor

The official contractor for the 2017 ALOA Convention is Veal Convention Services. Upon registering for the event, a packet will be emailed to you for ordering supplies for your booth.

ALOA is not responsible for booths/materials that are shipped to the hotel nor those that are shipped through Veal Convention Services. It is the responsibility of the company representatives to assemble/disassemble booths, unless arrangements are made through Veal Convention Services.

Exhibit Setup/Breakdown Times

Saturday, November 4, 2017

Setup time: 7:00a.m. – 10:00 a.m.

11:00a.m. – 2:00 p.m. Lunch in Exhibit Hall

(Please do not begin breaking down exhibit prior to 2:00p.m.)

Hotel Information

The 2017 ALOA Convention will be held at:
The Hyatt Regency
1000 Riverchase Galleria
Birmingham, Alabama 35244
(800) 996-3739

Reservations

Call 1-800-233-1234

Regular Rooms:

Single/Double Rate: \$155

Club Level Rooms:

Single/Double Rate: \$175

Group reservations must be made no later than 5 p.m. on October 2, 2017. After this date reservations are subject to regular hotel room rates and availability. To get the ALOA group rate, remember to mention that you will be attending the Alabama Optometric Association meeting when you make your reservation.

Hotel Check-in: 3 p.m.

Hotel Check-out: 12 p.m.

Lodging Tax - 14%

Questions

Contact Teri Hatfield at (334) 273-7895 or teri@alaopt.com.

Exhibitor Rules & Regulations

Booth assignments will be made in the order received with full payment and signed form. ALOA reserves the right to reassign booth space and/or change the room setup, if necessary. Exhibitors will be notified if changes must be made.

If the booth is not occupied on the day of the show, no refund will be made.

All exhibits must be completely set up at least one hour before the show begins. Exhibits may not be dismantled or removed before 2:00 p.m. on Saturday, November 4th. All deliveries must be coordinated through the official contractor, Veal Convention Services.

Exhibitor agrees not to hold programs or events, including hospitality suites or rooms. Hospitality suites or rooms are reserved for social interaction only. No continuing education, speakers, or demonstrations are allowed during exhibit hours or during other convention events.

Exhibitors will receive standard booth equipment consisting of an 8' tall back drape, 3' tall back and side drapes, (1) 6' x 2' skirted table, (2) folding chairs, (1) wastebasket and (1) company identification sign. All other equipment must be purchased through the official show contractor, Veal Convention Services. No decorations or displays may obstruct other displays or protrude into the aisle. All booth areas must be neatly kept and free of trash and litter.

Speakers or hand-held microphones will not be allowed. Other noise will be kept to a level that the Association determines not to be offensive.

Alcoholic beverages may not be served from any booth.

Booth space may not be assigned, sublet or used by anyone other than the exhibitor that has contracted for that space.

All activity of any exhibitor must be confined to the space purchased.

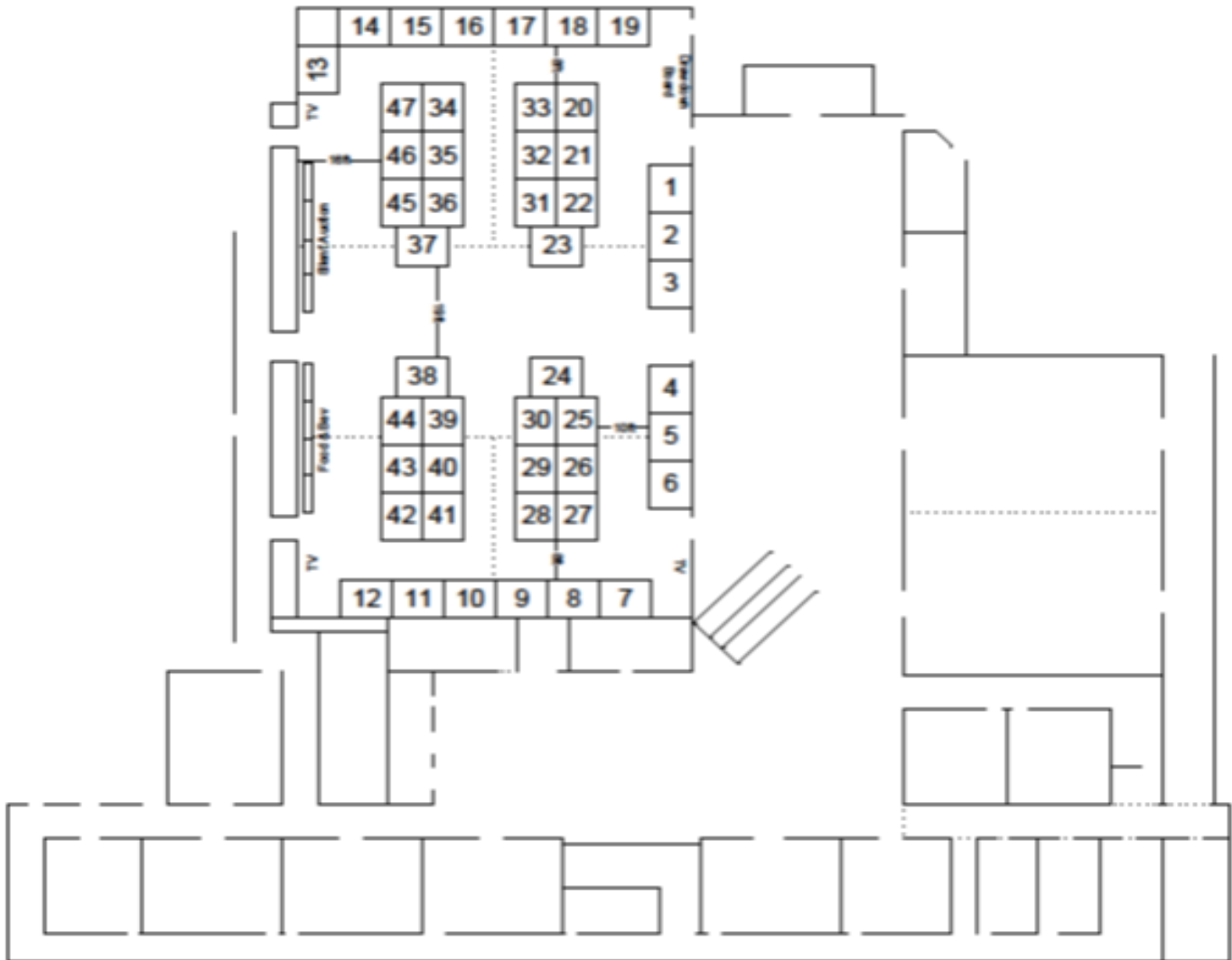
The exhibitor agrees hereby to hold harmless and to indemnify the Alabama Optometric Association for any claims, demands, or lawsuits of any whatsoever made against them arising out of preparation, setting up, installation, operation, dismantling or removal of exhibit by this exhibitor, or for any actions by exhibitor's personnel.

For damages or injuries that may be done to, suffered by, said exhibitor, he, she, or they shall have redress against that person or persons causing the damage, and not against the Alabama Optometric Association, it being understood that the Alabama Optometric Association guarantees nothing except what is expressly contained in this contract.

Conflicting Meeting and Social Events - In the interest of maintaining attendance at official educational events and Show, Exhibitor agrees not to extend invitations, call meetings, or otherwise encourage absence of attendees, Exhibitors, or invited guest from educational sessions or Show during official event hours. The Alabama Optometric Association will provide a list of dates, and times that are reserved for ALOA functions upon request. Events may be held outside these times but must conform to Show Management's Affiliate Functions Policy.

Affiliate Functions (non-compete) - Affiliate functions may not compete with the Alabama Optometric Association. Competition includes, but is not limited to: Hosting Affiliate Function at a date and time that competes with an ALOA event, Hosting Affiliate Function that provides continuing education credit towards licensure of an eye care professional (optometry, opticianry, ophthalmology, or other accredited eye care professionals).

Exhibit Hall Layout



ALOA
 November 2017
 Hyatt Regency - Wynfrey Hotel
 Hoover, Alabama
 47- 8ft deep by 10ft wide exhibit booths



Alabama Optometric Association
2017 Convention Exhibitor Application
 Saturday, November 4, 2017
 Hyatt Regency - The Wynfrey Hotel - Birmingham, AL

Mail the application to 1043 Ambassador Court, Montgomery, AL 36117 or fax it to (334) 273-9681. If you have questions, please contact Teri Hatfield at (334) 273-7895 or teri@alaopt.com.

COMPANY NAME _____
 PRINT COMPANY NAME AS IT SHOULD APPEAR ON THE BOOTH ID SIGN.

Company Contact _____
 Mailing Address _____
 City/State/Zip _____
 Phone (_____) _____ Fax (_____) _____
 Email Address _____
 Company Web Site _____

COMPANY INFORMATION FOR EXHIBITOR DIRECTORY

An exhibitor directory will be made available to attendees of the ALOA Convention. Please provide your company information as it should appear in that listing.
 [] CHECK HERE IF THE CONTACT INFORMATION IS THE SAME AS ABOVE.

Company Contact _____
 Mailing Address _____
 City/State/Zip _____
 Phone (_____) _____ Fax (_____) _____
 Email Address _____
 Company Web Site _____

COMPANY REPRESENTATIVES ATTENDING

*****MUST FILL OUT ALL INFORMATION FOR EACH REPRESENTATIVE*****
 Please provide all information to assist ALOA staff in preparing confirmation packets.

Name _____
 Title _____
 Phone (_____) _____ Fax (_____) _____
 Email _____

Name _____
 Title _____
 Phone (_____) _____ Fax (_____) _____
 Email _____

Name _____
 Title _____
 Phone (_____) _____ Fax (_____) _____
 Email _____

Booth Choice

Refer to the enclosed layout for booth locations. Every effort will be made to place your company in one of the booths you choose. Booths will be assigned on first come, first served basis.

Option 1: # _____ Option 2: # _____ Option 3: # _____

One booth - \$700 _____
Two booths - \$1200 _____
Registration for additional company reps (over 2) \$50 per rep _____
TOTAL _____

Competitors we DO NOT wish to be near: _____

Competitors we WOULD like to be near: _____

We agree to abide by all requirements, regulations and obligations adopted for this event. We understand that space is assigned on a first come basis, and that the Alabama Optometric Association reserves the right with prior notice to each affected exhibitor, to reassign booth space in order to conform to utility services, fire codes, and other criteria.

We further agree to indemnify, hold harmless, and otherwise release the Alabama Optometric Association from any losses, damages or injuries arising from our participation in the Alabama Optometric Association Exposition, and we fully understand that the extent of liability shall be limited to the refund of all fees paid for exhibit space, in the event that the Exposition is canceled or otherwise not held as planned.

***I have read and agree to the Rules and Regulations set forth by the Alabama Optometric Association.

Authorized by _____
Please print your name here. Please sign your name here.

METHOD OF PAYMENT

Check # _____ Visa _____ MasterCard _____ American Express _____ Discover _____

FOR CHECK PAYMENTS: Make checks payable to Alabama Optometric Association or ALOA.

FOR CREDIT CARD PAYMENTS: We must have the exact address where you receive the bill for this credit card and your expiration date.

[] Same address as above

[] Different (please print address) _____

Card # _____ Exp. Date _____

Signature _____