

AADO

ARIZONA ASSOCIATION OF DISPENSING OPTICIANS

YES! My Company and I would like to participate, as an exhibitor and/or sponsor at the
2018 AADO Fall Educational Conference.
Radisson Suites Tucson, Tucson AZ
6555 East Speedway Blvd., Tucson, AZ 85710

Sunday October 28, 2018

2018 Exhibit Booth & Sponsorship Opportunities

REGISTER ONLINE <https://aado.info/2018-vendor-registration/>

Exhibit Hall Booth \$300.00

Includes: One 6'x3' draped table with signage*
Exhibit Hall Luncheon with Opticians, ONE lunch included**
(1) Quarter page ad in the big Spring issue of the AADO Newsletter, the *Eyewire*
(A \$100.00 value, please provide copy ready artwork)
Recognition in all conference registration packets

Name of booth attendee _____ Signage should read _____

(*Companies with multiple lines, please contact AADO)

**Additional lunch tickets are available for purchase @ \$25.00 each for non-registered guests and additional exhibitor guests.
Please note: Only conference registered attendees with an assigned name badge will be allowed a seat in the classroom.

TOTAL: \$ _____

(Booth space available on a first come, first serve basis.)

Promote your company with a booth and one or more of the following sponsorship opportunities.

Sponsorship opportunities:

- AADO Registration Breakfast (2) Joint sponsorships @ \$300.00 each \$ _____
- AADO Refreshment Break AM \$ 300.00 \$ _____
- AADO Luncheon (4) Joint sponsorships @ \$300.00 each \$ _____
- AADO Audio Visual \$ 600.00 \$ _____

- I am interested in supporting the AADO with a donation \$ _____
- Raffle Prizes: Items can be shipped or mailed to AADO contact person listed below***
- Other _____

TOTAL \$ _____

(Please print)

COMPANY NAME _____ Contact Person _____

Telephone (_____) _____ Fax (_____) _____ E-Mail _____

Company Website Address _____

ARIZONA SALES PERSON _____ E-Mail _____

Cell (_____) _____ Alt Phone (_____) _____ Fax (_____) _____

Home address _____ City _____ State _____ Zip _____

My Recommendations for a great Exhibit area are: _____

*** Arizona Association of Dispensing Opticians (AADO)
440 N. Alvernon Way, Tucson, AZ 85711
E-Mail: director@aado.info

Contact: Mary E. Teed, Executive Director
Phone (520) 327-6215 / Fax (520) 327-0368
Website: www.aado.info

Arizona Association of Dispensing Opticians (AADO)

440 N. Alvernon Way
Tucson, AZ. 85711
520-327-6215

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **AADO** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize AADO to charge my credit card
(full name)

account indicated below for _____ on or after _____. This payment is for
(amount) (date)

Exhibitor Booth. 2016 Fall Educational Conference and Exhibit Hall
(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Visa MasterCard We do not accept AMEX or Discover

Authorized Amount _____

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.