



2009 Annual Conference in Saratoga Springs - Vendor Registration

ADDITIONAL VENDOR INFORMATION FORM

Please complete this form and return to NYSSO State Office by Friday, July 3, 2009. Thank you.

Company Name: _____

- Professional Partner/& Exhibitor (1-5 Star or Event Sponsor)
 Exhibitor

Please note complimentary allowances:

5 Star Partner – receives 5 full complimentary conference registrations (includes luncheon and dinner on Saturday)
4 Star Partner – receives 4 full complimentary conference registrations (includes luncheon and dinner on Saturday)
3 Star Partner – receives 3 full complimentary conference registrations (includes luncheon and dinner on Saturday)
2 Star Partner – receives 2 full complimentary conference registrations (includes luncheon and dinner on Saturday)
1 Star Partner – receives 1 full complimentary conference registration (includes luncheon and dinner on Saturday)
Exhibitor – receives complimentary conference luncheon (Saturday afternoon)

Please list all company representatives attending the conference & check off all boxes that apply:

Principal Contact/Registrant Name: _____

E-Mail Address: _____

Type of Registration: Complimentary Lunch \$30 Dinner \$60 Both Meals \$90

Registrant #2 Name: _____

E-Mail Address: _____

Type of Registration: Complimentary Lunch \$30 Dinner \$60 Both Meals \$90

Registrant #3 Name: _____

E-Mail Address: _____

Type of Registration: Complimentary Lunch \$30 Dinner \$60 Both Meals \$90

Registrant #4 Name: _____

E-Mail Address: _____

Type of Registration: Complimentary Lunch \$30 Dinner \$60 Both Meals \$90

Registrant #5 Name: _____

E-Mail Address: _____

Type of Registration: Complimentary Lunch \$30 Dinner \$60 Both Meals \$90

If your company has additional representatives attending, please copy this form or add a sheet.

Total Enclosed: \$ _____ (Credit card form can be found on page 2 of this form.)

Please return this form by July 3, 2009 by fax at (518) 463-8656, e-mail at nysso@caphill.com or mail to NYSSO State Office, 90 State Street, Suite 1009, Albany, NY 12207-1710



New York State Society of Opticians, Inc.

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NYSSO Credit Card Payment Form

Reason for Charge: 2009 NYSSO State Conference/Vendor Registration

Name: _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone: _____

Home Phone: _____

Fax: _____ **E-mail:** _____

Credit Card Information

Date: _____

Total Amount to be Charged: \$ _____

Credit Card Type: Visa MasterCard Amex Discover

Credit Card Number: _____

Expiration Date: _____

Signature: _____