

EXHIBIT APPLICATION/CONTRACT

NAPA EYE 2024, May 3-5, 2024

COMPANY INFORMATION: Complete the information exactly as it should be published in the Final Program.

Company Name: _____

Address: _____

Country: _____

City: _____ State: _____ Zip: _____

Company Phone: _____

Company Email: _____

Website URL: _____

EXHIBIT BOOTH CONTACT INFORMATION – will not be published, this is for Eye Center use only.

Marketing Contact: _____ Email: _____

Booth Contact: _____ Email: _____

Booth Contact Title: _____ Booth Contact Cell Phone Number: _____

Names of 2 representatives attending event: _____

EXHIBITOR LEVEL– Please select one:

___ Exhibition Suite: \$6,000 (3 opportunities available)

___ Participating Exhibitor: \$3,500 includes 2 company representatives. Additional representatives pay the \$399 fee

EXHIBITOR SPACE CHOICES:

Exhibits limited to 6’ tabletop or equivalent floor space. Please choose your table size below no later than April 20; if no choice is made a 6’ table will be assigned. NO CHANGES AFTER APRIL 20.

- Exhibit Space Choices: ___ 6’ table, all items must fit on top of table
- ___ 4’ table with space for your equipment (TOTAL OF 6’)
- ___ No table – you bring equipment on a stand: 6’ floor space.

PAYMENT:

Click Here to [Pay Exhibit Fee Online](#)

CHECK: Make check payable to UC REGENTS

Mail to: UC DAVIS EYE CENTER
Attn: Kimber Chavez
Tschannen Eye Institute
4860 Y Street
Sacramento, CA 95817

Hotel Reservations: MARRIOTT: one room per company

One room per confirmed exhibitor company is available at the

Napa Marriott. We have made this change so we can expand our physician attendance.

HILTON GARDEN INN For all other exhibitors we have secured a room block at the Hilton Garden Inn, conveniently located right next door and at the SAME GREAT RATE!!

Special Group Rate of \$299 + tax guaranteed until March 18th. Group Rates are Pre-Paid, Non-Cancellable.

Call Hotel: 707-252-0444, ask for the “Napa Eye 2024” Group Block
BOOK ONLINE

AUTHORIZATION: Contracts will not be processed unless signed and include full payment. I am an authorized representative of the company with full power and authority to sign and deliver this application and contract. The company listed on this application agrees to comply with all the policies, rules, and regulations contained in the Exhibitor Prospectus and all policies, rules, and regulations adopted after publication of the prospectus.

Authorized Name: _____

Authorized Signature: _____ Date: _____

Please email completed form to KLChavez@ucdavis.edu