

Discovery 2005
Low Vision
Conference

NOVEMBER 3-5, 2005
Holiday Inn Mart Plaza
350 N. Orleans St.
Chicago, IL 60654

Exhibitor Registration Form (For Profit Groups)

Your registration will entitle you to 8-foot skirted tables, two conference badges, signage for the tables and two chairs.

PLEASE PRINT OR TYPE CLEARLY

Name of Agency _____

Contact Name _____

Names of Representatives attending conference

Address _____

Phone Number _____ FAX Number _____

E-mail address (essential for confirmation of registration)

Website address _____

Return this completed sheet along with your check to reserve your space in the Exhibit Hall. Space is limited so register early. Your registration will be confirmed by e-mail.

One table (\$600.00)

Two Tables (\$1000.00)

All checks must be made out to **The Low Vision Conference**.

Payment and registration sheet should be mailed to:

Barbara J. Hunt, RTC, Exhibits Chair

PO Box 209

Hines, IL 60141

***Information on electrical and other hotel services is included in this packet. Each exhibitor is responsible for arranging those services with the hotel.