

Discovery 2005  
Low Vision  
Conference

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

## Exhibitor Registration Form (For Not-for-Profit Groups)

Your registration will entitle you to a 8-foot skirted table, signage for the table and two chairs. Each representative must register for the conference.

PLEASE PRINT OR TYPE CLEARLY

Name of Agency \_\_\_\_\_

Contact Name \_\_\_\_\_

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 (\$100.00)

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.