



**Summer Showcase**  
 Hilton Daytona Beach Oceanfront Resort  
 Daytona Beach - August 7, 2021

**West Coast Better Vision Conference**  
 Safety Harbor Resort & Spa  
 Safety Harbor - September 11, 2021

**Vision Preview**  
 The Westin Fort Lauderdale Beach Resort  
 Fort Lauderdale - December 4, 2021

## 2021 Exhibitor Agreement

Company \_\_\_\_\_ Contact \_\_\_\_\_  
 Address \_\_\_\_\_ Website \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Tabletop exhibit fee includes 1 six-foot draped table, 1 sign and 2 representative name badges per show. Electricity is **not** included. One additional table is available for \$35 if you bring it or we provide it. Hotel accommodations are **not** included. Exhibit move-in is at 8:30am Saturday morning of the event and breakdown starts at 7:00pm to be completed by 9:00pm that evening.

### My company will exhibit at:

**Summer Showcase Tabletop Exhibit**  
 Exhibit Times: 11:45 am - 1:30 pm & 5:00 pm - 7:00 pm June 5, 2021 **\$495.00** \$  
 Representative (1) \_\_\_\_\_ (2) \_\_\_\_\_

**West Coast Better Vision Tabletop Exhibit**  
 Exhibit Times: 11:45 am - 1:30 pm & 5:00 pm - 7:00 pm August 7, 2021 **\$495.00** \$  
 Representative (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Vision Preview Booth** (additional table option for Vision Preview must be ordered through Expo Services)  
 Exhibit Times: 11:30 am - 2:00 pm & 5:00 pm - 7:00 pm December 4, 2021 **\$795.00** \$  
**Priority Booth**  
 (Standard Booth \$695)  
 Representative (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 Representative (3) \_\_\_\_\_ (4) \_\_\_\_\_

**1 Additional Table (Optional)** @ **\$35.00 per show** Additional Tables \$  
 West Coast Better Vision  Summer Showcase

## Payment

**TOTAL AMOUNT DUE \$**

- Check (payable to POF)  Visa  MasterCard  AmEx  Discover

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_  
 Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Return with payment to:

**POF - Exhibits**  
**P.O. Box 1296**  
**Crawfordville, FL 32326**  
 Phone 850-201-2622  
 Fax 850-201-2947  
[dee@pof.org](mailto:dee@pof.org)

*I agree to pay above total amount according to card issuer agreement*

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the event's premises and will indemnify, defend, and hold harmless the Association, its owners, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims. \_\_\_\_\_ **(Initial your acknowledgement)**