



National Eye Health
Education Program
NEHEP

**NATIONAL EYE INSTITUTE
Ninth National Eye Health Education Conference**

March 11-14, 2009

**Sofitel Philadelphia
Philadelphia, PA**

INTENT TO EXHIBIT FORM

Please print the information as you would like it to appear on all meeting materials.

Name: (Dr., Ms., Mr.) _____ Degree(s): _____

Title: _____

Affiliation: _____

Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

Web Site Address: _____

Your organization is encouraged to display your eye health education program and/or materials. Space is limited; each exhibitor will be provided with a 6-foot draped tabletop exhibit space, an exhibit sign, and an electrical outlet.*

Please provide a brief description of your tabletop exhibit for inclusion in the conference materials (not to exceed 30 words).

Special Needs (e.g., additional electrical outlets, VCR*)

* If you require a VCR, monitor, computer, etc., we will be happy to arrange this. However, you will be responsible for these expenses.

PLEASE RETURN THIS FORM BY FEBRUARY 4, 2009, BY MAIL OR FAX.

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