2020 AZOA Spring Congress - April 24-26, 2020
JW Marriott Tucson Starr Pass Resort & Spa
3800 W Starr Pass Blvd, Tucson, AZ 85745 Ph: (520) 792-3500
EXHIBITOR AND SPONSORSHIP OPPORTUNITIES
Exhibit Dates: Friday, April 24 and Saturday, April 25
Approx. Exhibit times: Friday April 24, 5pm-7pm and Saturday April 25, 12pm-2pm

Gold Level $5,000
- a) Prominent recognition in all written materials advertising meeting
- b) Prominent recognition on signage
- c) Pre and post attendee list in electronic format
- d) 1 full-page (8” x 10 ½”) black & white promotional ad printed in the registration packets given onsite (reach = +/- 160 ODs, 5 Optometry Students, 40 exhibiting companies. FMV=$825
- e) Up to 3 e-blasts per year to AZOA membership. (reach = 458 members, approximately 260 opens) FMV=$300
- f) Sponsor recognition at meeting: on 36” x 24” signage/verbal announcement (thank you) by AZOA Board of Directors/4 registration packet listings/written acknowledgement in AZOA meeting materials distributed at meeting. (reach = +/- 175 ODs, 5 Optometry Students, 40 exhibiting companies. FMV=$825
- g) One booth space at meeting – 4 company reps may attend

Silver Level $2,500
- a) Prominent recognition in all written materials advertising meeting
- b) Prominent recognition on signage
- c) Pre and post attendee list in electronic format
- d) 1 full-page (8” x 10 ½”) black & white promotional ad printed in the registration packets given onsite (reach = +/- 160 ODs, 5 Optometry Students, 40 exhibiting companies. FMV=$825
- e) Up to 2 e-blasts per year to AZOA membership. (reach = 458 members, approximately 260 opens) FMV=$300
- f) Sponsor recognition at the meeting: on 36” x 24” signage/verbal announcement (thank you) by AZOA Board of Directors/3 registration packet listings/written acknowledgement in AZOA meeting materials distributed at meeting. (reach = +/- 175 ODs, 5 Optometry Students, 40 exhibiting companies. FMV=$825
- g) One booth space = 3 company reps may attend

Bronze Level $1500
- a) Prominent recognition in all written materials advertising meeting
- b) Prominent recognition on signage
- c) Pre and post attendee list in electronic format
- d) 1 full-page (8” x 10 ½”) black & white promotional ad printed in the registration packets given onsite (reach = +/- 160 ODs, 5 Optometry Students, 40 exhibiting companies. FMV=$825
- e) Up to 1 e-blasts per year to AZOA membership. (reach = 458 members, approximately 260 opens) FMV=$300
- f) Sponsor recognition at the meeting: on 36” x 24” signage/verbal announcement (thank you) by AZOA Board of Directors/2 registration packet listings/written acknowledgement in AZOA meeting materials distributed at meeting. (reach = +/- 175 ODs, 5 Optometry Students, 40 exhibiting companies. FMV=$825
- g) One booth space = 3 company reps may attend

Exhibit Level - AZOA Associate members are $750 for this level $825
- One booth space= 2 company reps may attend
- Exhibitor listing in Seminar Program

Please complete this form and mail to: AZOA, 1702 E Highland Avenue, Suite 213, Phoenix, AZ 85016, or fax to (602) 264-6356 or email kate@azoa.org. For additional information, email kate@azoa.org

We wish to participate in the 2020 Spring Congress.
Please register our company at the: ☐ Gold ☐ Silver ☐ Bronze ☐ Exhibit Level ☐ Registration Total

Company Name: ________________________________________
Contact Name: ________________________________________
Address: _____________________________________________
City: __________________________________ State: ________ Zip: ____________
Phone: ____________________ Email: ____________________
Name of Representative(s) who will attend: ____________________________

☐ Enclosed is our check for $_______ ☐ Please charge our credit card (information below):
Number: ____________________ Exp Date ____________ V Code ________

                  Please complete this form and mail to: AZOA, 1702 E Highland Avenue, Suite 213, Phoenix, AZ 85016, or fax to (602) 264-6356 or email kate@azoa.org. For additional information, email kate@azoa.org
We wish to participate in the 2020 Spring Congress.
Please register our company at the: ☐ Gold ☐ Silver ☐ Bronze ☐ Exhibit Level ☐ Registration Total

Company Name: ________________________________________
Contact Name: ________________________________________
Address: _____________________________________________
City: __________________________________ State: ________ Zip: ____________
Phone: ____________________ Email: ____________________
Name of Representative(s) who will attend: ____________________________

☐ Enclosed is our check for $_______ ☐ Please charge our credit card (information below):
Number: ____________________ Exp Date ____________ V Code ________