

**Opticians Association of Alaska
2011 Convention
Vendor Registration Form
April 29th-30th
Millennium Hotel
Anchorage, AK**

Name _____

Home Address _____

Home Phone or Cell _____ Fax _____

Email Address _____

Company Name _____

Company Address and Contact _____

Company Phone _____ Fax _____

Yes, I plan to attend _____ First Table \$275.00 _____
2nd Table \$225.00 _____
Total Table Fees _____

Yes, my company will also sponsor in the amount of _____

No, I cannot attend, but want to support the Opticians Association of Alaska with a sponsorship of...
\$250.00 _____
\$350.00 _____
\$500.00 _____
Other \$ _____

Method of Payment (Please mark one)

Check _____ Make payable to **Opticians Association of Alaska, Inc.**

Credit Card: **Visa** ___ **Mastercard** ___ **Expiration** ___ **Vcode** _____

Card # _____

Signature _____

Please complete form and mail with payment to:

Michelle Carte
Adventures In Eye Care
6311 Debarr Rd, Suite D
Anchorage, AK 99504
(907)333-6040 office
(907)333-6619 fax
adventuresineyecare@gci.net