



IMPORTANT SHOW INFORMATION

EXHIBIT HOURS

Thursday, April 22 12 PM - 1:30 PM
 Friday, April 23 12 PM - 1:30 PM

HOTEL INFORMATION

Caesars Palace
 3570 Las Vegas BLVD. S.
 Las Vegas, NV 89109

CONTACT INFORMATION

Tracy Abel
 P.O. Box 1237
 Cannon Beach, OR 97110
 Phone: 1-888-376-6926
 Fax: 1-503-436-0612
 tracyabel@earthlink.net

INVITATION TO EXHIBIT

YOUR INFORMATION

Company Name: _____
 Description of Product/Service: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____
 Exhibitor Contact: _____
 Representative Names: _____
 Additional Namebadges \$100.00 Each: _____

BOOTH PRICES

\$1200 Per Booth Quantity: _____ Total: _____
 Please indicate your top three booth choices from the floor plan above, we will do our best to accommodate you!
 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____
 Extra Name Badge \$100.00 Each: Quantity: _____ Total: _____

Grand Total: _____

PAYMENT INFORMATION

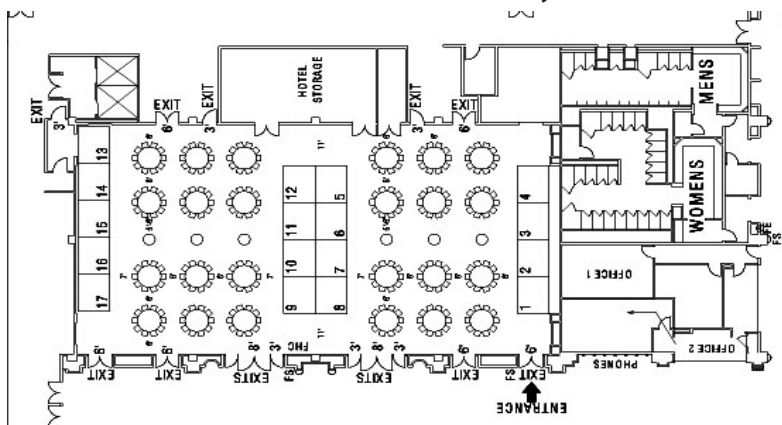
Visa MasterCard Check (payable to MWCO)

*Card No.: _____ Exp. Date: _____
 Card Holder's Name: _____
 Signature: _____

***if paying by credit card the address above must match your billing address.**

BOOTH DETAILS

- *8 x 10 Professionally draped booth with one 6 ft. table & two chairs
- *Company Name listed in registration program (over 2,000 mailed)
- *Website listing & link
- *Access to over 350 OD's
- *Two tickets for lunch each day



Ideminity and Limitation of Liability

Given the agreement obtained on this page, and subject to the conditions expressed herein, the company shown on this document agrees to hold Abel Management, The Mountain West Council of Optometrists, and Caesar's Palace Hotel in Las Vegas, NV harmless for any and all liability for injuries and damages caused to their property or personnel or any member of the public incurred through the use of the exhibit space or displays allotted at Ceaser's Hotel.

Signature of Authorizing Agent _____

Printed Name _____