



The New Jersey
Academy of Ophthalmology
New Jersey Eye MDs

414 River View Plaza | Trenton, New Jersey 08611
P: 609.392.1201 | F: 609.393.9891 | NJAO.org

2023 Annual Meeting
The Palace at Somerset Park

Somerset, NJ

Friday, September 22, 2023

The New Jersey Academy of Ophthalmology invites you to become a sponsor and exhibitor at our Annual Meeting on Friday, September 22, 2023. The NJAO Annual Meeting is highly regarded and well-attended by physicians, ancillary personnel, and exhibitors alike.

❖ **Single Booth Exhibitor – Contribution of \$1,650**

One 6' table display area and two chairs. Access to an electrical outlet. Two registrant packages (includes breakfast, breaks, lunch, and badges). Company listing in program and monthly newsletter. Electronic mailing list of attendees.

❖ **Silver Exhibitor – Contribution of \$2,500**

Silver exhibitors enjoy all the benefits and privileges of exhibitors (see above) for 2 representatives plus.. Access to NJAO membership list for promotional purposes. Exposure at the NJAO Annual Meeting. Exhibit Booth placement in High Exposure Area.

❖ **Gold Exhibitor – Contribution of \$5,000**

Gold exhibitors enjoy all the benefits and privileges of exhibitors (see above) for 2 representatives plus.. Access to NJAO membership list for promotional purposes. Exposure at the NJAO Annual Meeting. Exhibit Booth in High Exposure Area. Speaking opportunity at an NJAO Board Meeting.. Article in one of the NJAO monthly newsletters, sent electronically to all NJAO members.

❖ **Platinum Exhibitor – Contribution of \$10,000**

Platinum exhibitors enjoy all the benefits and privileges of exhibitors (see above) for 3 representatives plus.. Access to NJAO membership list for promotional purposes. Exposure at the NJAO Annual Meeting. Exhibit Booth in High Exposure Area. Speaking opportunity at separate non CME meeting to physicians at a board meeting. Article in two of the NJAO monthly newsletters, sent electronically to all NJAO members.

To register for the event please go to the following link:

www.NJAOmeeting.com/exhibitors

Or fill out and submit the application on the other side of this form!



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Company: _____

Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

(needed for confirmation)

Platinum Exhibitor@ \$10,000 _____

Gold Exhibitor @ \$5,000 _____

Silver Exhibitor @ \$2,500 _____

Single Booth @ \$1,650 _____

Make **check** payable to NJAO mail to:

NJ Academy of Ophthalmology
414 River View Plaza
Trenton, NJ 08611

Or pay by **credit card**: Visa MasterCard AmEx

Card #: _____ Expiration Date: _____

Signature (required): _____

Credit Card registrations may be faxed to 609-393-9891.

If you have any questions, please call Meagan Rosina at 609-392-1201
Or email mrosina@njpsi.com