



SURGICAL EYE CARE FOUNDATION

## 14<sup>th</sup> Annual Continuing Education Seminar

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February 22 – 24, 2019

The Surgical Eye Care Foundation is thrilled that you would like to sponsor our 2019 Continuing Education Seminar. Please complete this form as soon as possible, so that we can reserve your place at the conference, ensuring that you receive all of the benefits you deserve as part of your sponsorship.

Vendor setup times will be Friday 7PM-10PM or Saturday 5AM-7AM. No setup is allowed during event activities.

We look forward to seeing you in February!

### Company Sponsor Information

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**Company Name:** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_

**Primary Contact Title:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact Email Address:** \_\_\_\_\_

**Co. Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

**Product to be displayed:** \_\_\_\_\_

\_\_\_\_\_



## SURGICAL EYE CARE FOUNDATION

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### ○ **Bronze Partnership (\$1500)**

*Please place a checkmark next to the incentives you would like to leverage during our 2019 Continuing Education Seminar:*

- Exhibit space on Saturday.<sup>1</sup>
- 2 representatives from your company attend on Saturday.<sup>2</sup>
- The opportunity to place a branded item in the OD gift bag.<sup>3</sup>
- The opportunity to place your brand name medium size on the seminar goody bag. (No Logo)<sup>4</sup>
- The opportunity to provide a gift card for a drawing. One of your representatives will be able to say a few words about your brand before conducting the drawing.<sup>5</sup>

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<sup>1</sup> **This incentive is available on a limited basis to the first vendors to pledge at the Bronze Partnership level.** If you have questions about the availability of this incentive before you pledge, please contact us for further information.

<sup>2</sup> **Please specify how many representatives will attend from your company on the “Representative Registration” page of this document.** Please note that unregistered representatives will not be permitted access to the seminar.

<sup>3</sup> **Gift bag items must be received by February 15, 2019 in order to receive placement in the gift bag.** We expect approximately 500 participants at the seminar this year. **Please ship gift bag items to the following address: 2018 Continuing Education Seminar Gift Bag Item, c/o Bryan Watson, 825 Ridge Lake Blvd, Memphis, TN 38120.**

<sup>4</sup> **We must receive the name of the brand you would like placed on the seminar goody bag before January 15, 2019.** Please inform us of your preferred brand name when you submit this form, clearly indicating the correct spelling and spacing of the brand name.

<sup>5</sup> **This incentive is available on a limited basis to the first vendors to pledge at an eligible partnership level.** If you have questions about the availability of this incentive before you pledge, please contact us for further information. **If you plan to leverage this incentive at the 2019 Continuing Education Seminar, we must receive your pledge before January 15, 2019 at the latest, assuming there are still opportunities available.**



## SURGICAL EYE CARE FOUNDATION

### **Copper Partnership (\$1000)**

*Please place a checkmark next to the incentives you would like to leverage during our 2019 Continuing Education Seminar:*

- Exhibit space on Saturday.<sup>6</sup>
- 2 representatives from your company attend on Saturday.<sup>7</sup>
- The opportunity to place a branded item in the OD gift bag.<sup>8</sup>
- The opportunity to place your brand name on the seminar goody bag. (No Logo)<sup>9</sup>
- The opportunity to provide a gift card or door prize for a drawing. One of your representatives will be able to say a few words about your brand before conducting the drawing.<sup>10</sup>

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<sup>6</sup> **This incentive is available on a limited basis to the first vendors to pledge at the Copper Partnership level.** If you have questions about the availability of this incentive before you pledge, please contact us for further information.

<sup>7</sup> **Please specify how many representatives will attend from your company on the “Representative Registration” page of this document.** Please note that unregistered representatives will not be permitted access to the seminar.

<sup>8</sup> **Gift bag items must be received by February 1, 2018 in order to receive placement in the gift bag.** We expect approximately 500 participants at the seminar this year. **Please ship gift bag items to the following address: 2019 Continuing Education Seminar Gift Bag Item, c/o Bryan Watson, 825 Ridge Lake Blvd, Memphis, TN 38120.**

<sup>9</sup> **We must receive the name of the brand you would like placed on the seminar goody bag before January 15, 2019.** Please inform us of your preferred brand name when you submit this form, clearly indicating the correct spelling and spacing of the brand name.

<sup>10</sup> **This incentive is available on a limited basis to the first vendors to pledge at an eligible partnership level.** If you have questions about the availability of this incentive before you pledge, please contact us for further information. **If you plan to leverage this incentive at the 2019 Continuing Education Seminar, we must receive your pledge before January 15, 2019 at the latest, assuming there are still opportunities available.**



## SURGICAL EYE CARE FOUNDATION

### ○ JCAHPO Blue Level (\$750)

*Please place a checkmark next to the incentives you would like to leverage during our 2019 Continuing Education Seminar:*

- Exhibit space on Saturday.<sup>11</sup>
- 2 representatives from your company attend on Saturday.<sup>12</sup>
- The opportunity to place a branded item in the OD gift bag.<sup>13</sup>
- The opportunity to place your brand name on the seminar goody bag. (No Logo)<sup>14</sup>
- The opportunity to provide a gift card or door prize for a drawing. One of your representatives will be able to say a few words about your brand before conducting the drawing.<sup>15</sup>

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<sup>11</sup> **This incentive is available on a limited basis to the first vendors to pledge at the Blue level.** If you have questions about the availability of this incentive before you pledge, please contact us for further information.

<sup>12</sup> **Please specify how many representatives will attend from your company on the “Representative Registration” page of this document.** Please note that unregistered representatives will not be permitted access to the seminar.

<sup>13</sup> **Gift bag items must be received by February 1, 2018 in order to receive placement in the gift bag.** We expect approximately 500 participants at the seminar this year. **Please ship gift bag items to the following address: 2018 Continuing Education Seminar Gift Bag Item, c/o Christy Baker, 1458 W. Poplar Ave Suite 101, Collierville, TN 38017**

<sup>14</sup> **We must receive the name of the brand you would like placed on the seminar T-shirt before January 1, 2018.** Please inform us of your preferred brand name when you submit this form, clearly indicating the correct spelling and spacing of the brand name.

<sup>15</sup> **This incentive is available on a limited basis to the first vendors to pledge at an eligible partnership level.** If you have questions about the availability of this incentive before you pledge, please contact us for further information. **If you plan to leverage this incentive at the 2018 Continuing Education Seminar, we must receive your pledge before January 1, 2018 at the latest, assuming there are still opportunities available.**



SURGICAL EYE CARE FOUNDATION

## Representative Registration Information

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### Primary Company Representative

Representative Name: \_\_\_\_\_

Representative Title: \_\_\_\_\_

Representative Phone: \_\_\_\_\_

Representative email: \_\_\_\_\_

### Additional Company Representatives (If Applicable)

Representative Name: \_\_\_\_\_

Representative Title: \_\_\_\_\_

Representative email: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Representative Title: \_\_\_\_\_

Representative email: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Representative Title: \_\_\_\_\_

Representative email: \_\_\_\_\_



SURGICAL EYE CARE FOUNDATION

## Sponsorship Payment Information

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Please make your check payable to the Surgical Eye Care Foundation. Mail your payment to the following address:

Surgical Eye Care Foundation  
**Attention: Bryan Watson**  
C/O Eye Specialty Group  
825 Ridge Lake Blvd.  
Memphis, TN 38120

If you have questions or concerns, please email Bryan Watson, our Philanthropy Manager, at 901.820.2323 Office, or [foundation@esg.md](mailto:foundation@esg.md) .

### **HOTEL INFORMATION**

Please see below hotel link:

#### **Marriott East Memphis**

5795 Poplar Ave Memphis, Tennessee, 38119, USA +1-901-682-0080  
PROMO CODE: **ESG2019**