

GEM EYE MEETING

Saturday, February 20, 2010 :: St. Regis Hotel :: Atlanta, Georgia

ABOUT THE "GEM EYE MEETING"

The "GEM Eye Meeting" is a continuing medical education (CME) symposium for ophthalmologists and is a collaborative effort between the Georgia Society of Ophthalmology (GSO), Emory Eye Center, and the Medical College of Georgia's Department of Ophthalmology. 2010 is the inaugural year for this meeting that has evolved from the acclaimed GSO Winter Symposium. **The educational program will include parallel clinical tracks for ophthalmologists and ophthalmic technicians.** Through the partnership of these esteemed institutions, the premier ophthalmic educational symposium in the Southeast is born. We hope to see you there - you won't want to miss it!

Visit the Georgia Society of Ophthalmology website at www.ga-eyemds.org for program details and updates!

FEES & PROVISIONS

ALL EXHIBITORS RECEIVE

- Quality face time with ophthalmologists and ophthalmic technicians
- 6' x 3' table
- Table skirt
- 2 Chairs
- Representative name badges (4 max)
- Food and beverage
- Electronic attendee list with contact details (pre and post meeting)
- Meeting syllabus and materials

EXHIBIT DISPLAYS

\$6,000 - Platinum Patron

- 2 exhibit tables and recognition as "Platinum Sponsor" in meeting materials.

OR

- 1 exhibit table, 2 advertisements in GSO newsletter, and recognition as "Platinum Sponsor" in meeting materials.

\$2,500 - Gold Patron

- 1 exhibit table
- Recognition as "Exhibitor" in meeting materials.

SPONSORSHIP OPPORTUNITIES

Exhibiting companies are invited to sponsor food and beverage presentations for attendees. Your support helps offset meeting expenses and allows the Society to offer high quality continuing medical education to our members at a reasonable cost. Your organization will receive recognition and promotional opportunities for any event you choose to sponsor.

The cost of sponsorship is equal to the average cost of each meal presentation.

Breakfast: \$2,500

Morning or Afternoon Break: \$1,000

TABLE ASSIGNMENTS

Exhibit tables are claimed on a first come, first served basis.

ELECTRICAL SERVICE

We will provide a limited number of power strips for exhibitor use. Use of power strips is dependent upon your table's proximity to a wall outlet. Should you need extension cording or additional electrical service, this must be arranged and purchased through the hotel's Audio Visual department.

CONTACT US

Laura Faye - Director, Education & Marketing
Phone: (404) 299-6588 | Fax: (404) 299-7029
laura@ga-eyemds.org / www.ga-eyemds.org

EXHIBIT HOURS

Saturday, February 20, 2010

Exhibit Setup*	6:30 AM - 7:30 AM
Breakfast	7:30 AM - 8:30 AM
Morning Break	10:00 AM - 10:30 AM
Lunch	12:00 PM - 1:00 PM
Afternoon Break	2:30 PM - 3:00 PM

**Exhibit setup MAY be available the evening of February 19, but this cannot be confirmed until two weeks prior to the event. If this setup time becomes available, registered exhibitors will be notified.*

VENUE DETAILS

SHIPPING & RECEIVING

The St. Regis Atlanta
88 West Paces Ferry Rd. NW
Atlanta, GA 30305
ATTN: Trey Grellia/Harrison Rohr
Hold for: GA Society of Ophthalmology

****PLEASE SEE PACKAGE HANDLING GUIDELINES INCLUDED IN THIS PROSPECTUS****

Exhibiting company representatives are responsible for all incurred shipping and handling charges. It is the representatives' responsibility while on site to arrange payment for these services directly with the hotel prior to departure/conclusion of event.

To pre-arrange payment of package handling services, please complete and submit the Credit Card Authorization Form included in this packet. If payment information is not received in advance or on-site, exhibitors will be invoiced for applicable charges.

PARKING

Valet parking is \$15 per day. You must mention the Georgia Society of Ophthalmology to get this rate (regular rate is \$32 per day).

ACCOMMODATIONS

St. Regis Hotel | Atlanta, Georgia
Superior King Room: \$205/night

To book a room, call (888) 627-7231 and mention the Georgia Society of Ophthalmology. **To get this rate, rooms must be booked by January 20, 2010!**

Other hotels within a short distance include:

Holiday Inn Express Hotel & Suites, Atlanta-Buckhead: (877) 863-4780
Staybridge Suites, Atlanta-Buckhead: (888) 299-2208

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EXHIBITOR REGISTRATION

Company Name _____

Contact Name _____

Mailing Address _____

City / State / Zip _____

Phone _____ Fax _____ Email _____

EXHIBIT DISPLAY LEVEL

_____ **Gold Patron @ \$2,500**

see Exhibitor Prospectus for details

\$ _____

_____ **Platinum Patron @ \$6,000**

see Exhibitor Prospectus for details

\$ _____

SPONSORSHIP

see Exhibitor Prospectus for details

_____ AM Break @ \$1,000

\$ _____

_____ PM Break @ \$1,000

\$ _____

_____ Breakfast @ \$2,500

\$ _____

REPRESENTATIVE NAMES

Please indicate the names of the individuals who will represent your company at the meeting.

This information will be used for name badges. Please print legibly.

TOTAL: \$ _____

PAYMENT INFORMATION

_____ **CHECK** *(enclosed)*

_____ **CREDIT CARD**

Visa

MasterCard

American Express

Cardholder Name _____

Card Number _____ Exp. Date _____ CVV#: _____

Billing Address _____

Billing City / State / Zip _____

Signature _____

QUESTIONS?

Exhibitors, please direct all questions to Laura Faye, Director of Education and Marketing at the Georgia Society of Ophthalmology Executive Office:
(404) 299-6588 or laura@ga-eyemds.org

CANCELLATION POLICY

Exhibitor cancellations must be submitted in writing to the Georgia Society of Ophthalmology by February 1, 2010. Cancellations made before February 1st will receive a refund of all exhibit/sponsorship fees paid, less a \$50 administrative fee.

ST REGIS

ATLANTA

Package Handling Guidelines

The St. Regis Atlanta is pleased to accept all shipments required for the **GEM Eye Meeting**, February 20, 2010 provided that the guidelines below are met. The hotel assesses handling fees for inbound and outbound shipments by weight as follows:

0-5 lbs.	\$5.00 ea.
6-20 lbs.	\$10.00 ea.
21-50 lbs.	\$15.00 ea.
Over 50 lbs.	\$25.00 ea.
Crates	\$50.00 ea.
Pallets	\$75.00 ea.

- Materials should not be delivered to the hotel before February 17, 2010. The St. Regis Atlanta cannot assume responsibility for storage of shipments received (3) or more days prior to the start of the event.
- Clients must notify the Convention Service Manager of any shipment to the hotel.
- The hotel does not have storage space for crates, pallets, or large shipments.
- All packages must be labeled with the event name, date of event, and on-site contact name, with multiple packages numbered in sequence (i.e. 1 of 3, 2 of 3, 3 of 3) and sent to the attention of the group name.
- Any packages to be shipped out of the St. Regis Atlanta after your event must be properly packaged and labeled with the appropriate shipping label. The St. Regis Atlanta is not responsible for supplying packing or shipping materials.
- Packages should be delivered during regular business hours: Monday-Friday between 6:00 AM and 3:00 PM
- Payments for this service must be established at least 10 days prior to receiving your packages. All packages will be held in Shipping and Receiving until a payment method has been confirmed.
- Please complete the Exhibitor Information Form and email to Trey Grellia, Meetings Butler at Trey.Grellia@StRegis.com

SHIPPING ADDRESS

The St. Regis Atlanta
88 West Paces Ferry Road
Atlanta, GA 30305

Attn: Trey Grellia/Harrison Rohr
Hold for: GA Society of Ophthalmology
(404) 563-7900

ST REGIS

ATLANTA

Dear Exhibitor:

We are delighted that you will be joining us as an exhibitor for the GEM Eye Meeting on February 20, 2010. Please provide all the information requested (below) as a form of payment for any additional event charges as outlined (below). **All information (form of payment, requests/requirements) MUST be received (10) days prior to the event date.**

Company Name:				
Boxes Scheduled for Delivery				
	Tracking Number	Shipping Service	Please deliver to my booth by:	Fee Box: \$15 Pallet: \$75
1.				
2.				
3.				
4.				
Additional Requirements		Price	Quantity	Extended
<input type="checkbox"/>	120V-20 Amp Circuit	\$35		
<input type="checkbox"/>	Power Strip	\$15		
<input type="checkbox"/>	Extension Cord	\$15		
<input type="checkbox"/>	Audio Speakers	\$60		
<input type="checkbox"/>	Wireless Internet	\$155		
			Subtotal	

PAYMENT INFORMATION

Name as it appears on the credit card: _____

Card type: Visa MC Amex Diners/CB Discover JCB

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Credit Card #: _____ Exp. date: _____

Billing Address: _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

I certify that all information is complete and accurate. I hereby authorize The St. Regis Atlanta to collect payment for all authorized charges associated with this event by processing a charge to the credit card listed above. I certify that I am the authorized signer of the credit card listed above.

Cardholder Name: (printed) _____

Cardholder signature: _____ Date: _____

Please email the completed form to: Trey.Grellia@StRegis.com

Shipping Address: The St. Regis Atlanta
88 West Paces Ferry Road | Atlanta, GA 30305
Group Name: GA Society of Ophthalmology
Attn: Trey Grellia/Harrison Rohr
(404) 563-7900