

FREE EXHIBIT HALL ADMISSION



Conference: March 18 - 21, 2010
Exhibition: March 19 - 21, 2010
 Jacob K. Javits Convention Center
 New York, NY



**Register Today for
 FREE
 Exhibit Hall Admission**

Exhibits Only Registration:

To receive your free admission badge, you must complete questions 1-9.

Questions? Please call (800) 811-7151 or 1-203-840-5610

*Discounts do not apply to registrations already secured. Registration is non-refundable & non-transferrable.

1. Company Information:

 First Name Last Name

 Practice/Company Name

 Address

 City

 State Zip/Postal Code

 Country

 Business Telephone (do not include international dialing code)

 Business Fax (do not include international dialing code)

 Email

We collect this data in order to provide you with information about International Vision Expo and other companies in your industry. If you prefer not to receive further information, please see our privacy statement at visionexpoeast.com or call our Privacy Administrator at (203) 840-5810.

This Registration Form Providing **FREE Exhibit Hall Admission** is provided to you *Courtesy of:* **Ronit Furst Brintech Eyewear**. Please visit us in Booth Number: **G5236**. Priority Code*: **PS144**

2. Your Title/Position

Please check one:
 (This selection determines your badge category)

- A Buyer - Optical
- B Buyer - Retail
- C Corporate Management
- D Laboratory Manager
- E Laboratory Technician
- F Manufacturer's Representative
- G Optician, Licensed or Certified
- H Optician, Non-Certified
- J Opticianry Assistant
- K Ophthalmologist
- M Ophthalmic Medical Personnel - COA
- N Ophthalmic Medical Personnel - COT
- P Ophthalmic Medical Personnel - COMT
- Q Ophthalmological Assistant (non-certified)
- R Ophthalmological Resident
- S Optometrist
- T Optometric Technician
- U Optometric Resident
- V Optometric Student
- W Practice Manager
- X Other (please specify _____)

- H Retail - Drug/Pharmacy/Grocery
- J Retail Optical Store, 1-10 locations
- K Retail Optical Chain, 10+ locations
- M Sporting Goods
- N Wholesaler/Distributor
- P Student

4. You are

- Please check one:
- A Owner
 - B Manager
 - C Employee
 - D Buyer
 - E Student
 - F Guest

5. I am interested in purchasing the following products within the next 12 months:

- Please check all that apply:
- A Contact Lenses, Solutions
 - B Diagnostic Equipment/Instruments
 - C Dispensing Equipment/Tools
 - D Frames & Accessories
 - E Labs
 - F Lens Processing Equipment
 - G Lenses & Coatings
 - H Low Vision
 - J Pharmaceuticals
 - K Readers
 - L Sunwear - Rx
 - M Sunwear - Plano
 - N Not Applicable

6. What is your primary area of interest for attending?

- Please check all that apply:
- A Fashion Trends

- B Continuing Education
- C Lens Technology
- D Medical Eyecare
- E Business Solutions

7. For demographic census purposes, please indicate if you are:

- A Female
- B Male

8. Are you on?

Please check all that apply:

- A Facebook
- B Twitter
- C Linked In
- D I'm not currently on any of the above networks.

9. Are you a fan of Vision Expo on?

Please check all that apply:

- A Facebook
- B Twitter
- C Linked In

TO REGISTER FOR FREE:
Fax this completed form to:
 (972) 620-3099
OR
Mail this completed form to:
 International Vision Expo East
 c/o ARI
 350 East Royal Lane, Suite 100
 Irving, TX 75039-3105

3. Type of Business/Practice

- Please check one:
- A Chain/Department/Superstore
 - B Independent Ophthalmological Practice
 - C Independent Optometric Practice
 - D Independent Optometric Practice Affiliated w/ Corp. Chain
 - E Laboratory
 - F Manufacturer
 - G Multidisciplinary Practice