

# FREE EXHIBIT HALL ADMISSION



Conference: October 6-9, 2010  
 Exhibition: October 7-9, 2010  
 Sands Expo & Convention Center  
 Las Vegas, NV



## 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 [visionexpowest.com](http://visionexpowest.com) or call our Privacy Administrator at (203) 840-5810.

### 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 \_\_\_\_\_)

- J  Retail - Drug/Pharmacy/Grocery
- K  Retail Optical Store, 1-10 locations
- M  Retail Optical Chain, 10+ locations
- N  Sporting Goods
- P  Wholesaler/Distributor
- Q  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  Laboratory - Surfacing
- F  Laboratory - Other
- G  Lens Processing Equipment
- H  Lenses & Coatings
- J  Low Vision
- K  Pharmaceuticals
- M  Readers
- N  Sunwear - Rx
- P  Sunwear - Plano
- Q  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

This Registration Form Providing FREE Exhibit Hall Admission is provided to you Courtesy of:  
 Ronit Furst Hand Painted Eyewear / Brintec Eyewear  
 Please visit us in Booth Number:  
 G18028  
 Priority Code\*:  
 PS314

### 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 - Surfacing
- F  Laboratory - Other
- G  Manufacturer
- H  Multidisciplinary Practice

### TO REGISTER FOR FREE:

Fax this completed form to:  
 (972) 620-3099

OR

Mail this completed form to:  
 International Vision Expo West  
 c/o ARI  
 350 East Royal Lane, Suite 100  
 Irving, TX 75039-3105