2020 ANNUAL CONVENTION
EXHIBIT HALL

ALABAMA OPTOMETRIC ASSOCIATION

THE HYATT REGENCY
BIRMINGHAM, AL
FRIDAY—SATURDAY, October 2-3, 2020
Exhibitor Information

We hope you will join us for the 2020 ALOA Annual Convention Exhibit Hall!

We are expecting 175 optometrists and 30 paraoptometric technicians/staff from Alabama and surrounding states, as well as students from the UAB School of Optometry. We have a great line up of speakers and events for this year’s convention and our exhibit hall is always a highlight of the weekend. I hope you will plan to attend!

How do I register?

You may register for a booth online, by mail or by fax. Register online at by following the link on our website at www.alaopt.org/events. You may register by mail or fax by completing and returning the registration form included in this brochure. No refunds will be made for cancellations made after September 14, 2020.

Booth Specs
Exhibitors will receive an 8’ x 10’ booth consisting of 8’ tall back drape, 3’ tall side drapes, one 6’ skirted table, two folding chairs, one wastebasket, and one company identification sign. Additional equipment and materials must be purchased from the show contractor.

Official Service and Drayage Contractor
The official contractor for the 2020 ALOA Convention is Veal Convention Services. Upon registering for the event, a packet will be emailed to you for ordering supplies for your booth. ALOA is not responsible for booths/materials that are shipped to the hotel nor those that are shipped through Veal Convention Services. It is the responsibility of the company representatives to assemble/disassemble booths, unless arrangements are made through Veal Convention Services.

Exhibit Setup/Breakdown Times
Setup time: Friday, 10/2/20, 8:00a.m. – 11:00 a.m.
Breakdown time: Saturday, 10/3/20, 2:00pm — 4:00p.m. (Please do not begin breaking down exhibit prior to 2:00p.m.) (exhibit hall security will be provided overnight)

Exhibit Hall times:
   Friday, 10/2/20, 12:00p.m. – 2:00p.m.    Lunch in Exhibit Hall
   Saturday, 10/3/20, 12:00p.m. – 2:00p.m.   Lunch in Exhibit Hall

Hotel Information
The 2020 ALOA Convention will be held at:
The Hyatt Regency
1000 Riverchase Galleria
Birmingham, Alabama 35244 (800) 996-3739
Or you may call 1-800-233-1234

Regular Rooms:
   Single/Double Rate: $159
   Club Level Rooms: $189

Group reservations must be made no later than 5 p.m. on September 14, 2020. After this date reservations are subject to regular hotel room rates and availability. To get the ALOA group rate, remember to mention that you will be attending the Alabama Optometric Association meeting when you make your reservation.

Hotel Check-in: 4 p.m.
Hotel Check-out: 11 a.m.
Lodging Tax - 14%

Questions
Contact Teri Hatfield at (334) 273-7895 or teri@alaopt.com
Exhibitor Rules & Regulations

Booth assignments will be made in the order received with full payment and signed form. ALOA reserves the right to reassign booth space and/or change the room setup, if necessary. Exhibitors will be notified if changes must be made.

Registration cancellations must be made by September 14th to receive a refund. After September 14th, no refunds for exhibitor cancellation will be made. If the booth is not occupied on the day of the show, no refund will be made.

All exhibits must be completely set up at least one hour before the show begins. Exhibits may not be dismantled or removed before 2:00 p.m. on Saturday, October 3rd. All deliveries must be coordinated through the official contractor, Veal Convention Services.

Exhibitor agrees not to hold programs or events, including hospitality suites or rooms. Hospitality suites or rooms are reserved for social interaction only. No continuing education, speakers, or demonstrations are allowed during exhibit hours or during other convention events.

Exhibitors will receive standard booth equipment consisting of an 8’ tall back drape, 3’ tall back and side drapes, (1) 6’ x 2’ skirted table, (2) folding chairs, (1) wastebasket and (1) company identification sign. All other equipment must be purchased through the official show contractor, Veal Convention Services. No decorations or displays may obstruct other displays or protrude into the aisle. All booth areas must be neatly kept and free of trash and litter.

Speakers or hand-held microphones will not be allowed. Other noise will be kept to a level that the Association determines not to be offensive.

Alcoholic beverages may not be served from any booth.

Booth space may not be assigned, sublet or used by anyone other than the exhibitor that has contracted for that space.

All activity of any exhibitor must be confined to the space purchased.

The exhibitor agrees hereby to hold harmless and to indemnify the Alabama Optometric Association for any claims, demands, or lawsuits of any whatsoever made against them arising out of preparation, setting up, installation, operation, dismantling or removal of exhibit by this exhibitor, or for any actions by exhibitor's personnel. For damages or injuries that may be done to, suffered by, said exhibitor, he, she, or they shall have redress against that person or persons causing the damage, and not against the Alabama Optometric Association, it being understood that the Alabama Optometric Association guarantees nothing except what is expressly contained in this contract.

Conflicting Meeting and Social Events - In the interest of maintaining attendance at official educational events and Show, Exhibitor agrees not to extend invitations, call meetings, or otherwise encourage absence of attendees, Exhibitors, or invited guest from educational sessions or Show during official event hours. The Alabama Optometric Association will provide a list of dates, and times that are reserved for ALOA functions upon request. Events may be held outside these times but must conform to Show Management’s Affiliate Functions Policy.

Affiliate Functions (non-compete) - Affiliate functions may not compete with the Alabama Optometric Association. Competition includes, but is not limited to: Hosting Affiliate Function at a date and time that competes with an ALOA event, Hosting Affiliate Function that provides continuing education credit towards licensure of an eye care
ALOA
2020
Hyatt Regency - Wynfrey Hotel
Hoover, Alabama
50-8ft deep by 10ft wide exhibit booths
Mail the application to P.O. Box 240907, Montgomery, AL 36124-0907, or fax it to (334) 273-9681. If you have questions, please contact Teri Hatfield at (334) 273-7895 or teri@alaopt.com.

COMPANY NAME __________________________________________
PRINT COMPANY NAME AS IT SHOULD APPEAR ON THE BOOTH ID SIGN.

Company Contact__________________________________________
Mailing Address__________________________________________
City/State/Zip___________________________________________
Phone (_____)____________________ Fax (_____)________________
Email Address____________________________________________
Company Web Site________________________________________

COMPANY INFORMATION FOR EXHIBITOR DIRECTORY

An exhibitor directory will be made available to attendees of the ALOA Convention. Please provide your company information as it should appear in that listing.
[ ] CHECK HERE IF THE CONTACT INFORMATION IS THE SAME AS ABOVE.

Company Contact__________________________________________
Mailing Address__________________________________________
City/State/Zip___________________________________________
Phone (_____)____________________ Fax (_____)________________
Email Address____________________________________________
Company Web Site________________________________________

COMPANY REPRESENTATIVES ATTENDING

***MUST FILL OUT ALL INFORMATION FOR EACH REPRESENTATIVE***
Please provide all information to assist ALOA staff in preparing confirmation packets.

Name____________________________________________________
Title____________________________________________________
Phone (_____)____________________ Fax (_____)________________
Email____________________________________________________

Name____________________________________________________
Title____________________________________________________
Phone (_____)____________________ Fax (_____)________________
Email____________________________________________________

Name____________________________________________________
Title____________________________________________________
Phone (_____)____________________ Fax (_____)________________
Email____________________________________________________
Booth Choice

Refer to the enclosed layout for booth locations. Please make your top 3 booth location choices in the spaces below. Every effort will be made to place your company in one of the booths you choose. Booths will be assigned on first come, first served basis.

Option 1: # __________  Option 2: # __________  Option 3: # __________

One booth - $900
Two booths - $1600
Registration for additional company reps (over 2) $50 per rep

TOTAL __________

Competitors we DO NOT wish to be near:
Competitors we WOULD like to be near:

We agree to abide by all requirements, regulations and obligations adopted for this event. We understand that space is assigned on a first come basis, and that the Alabama Optometric Association reserves the right with prior notice to each affected exhibitor, to reassign booth space in order to conform to utility services, fire codes, and other criteria.

We further agree to indemnify, hold harmless, and otherwise release the Alabama Optometric Association from any losses, damages or injuries arising from our participation in the Alabama Optometric Association Exposition, and we fully understand that the extent of liability shall be limited to the refund of all fees paid for exhibit space, in the event that the Exposition is canceled or otherwise not held as planned.

***I have read and agree to the Rules and Regulations set forth by the Alabama Optometric Association.

Authorized by:

Please print your name here.  Please sign your name here.

METHOD OF PAYMENT

Check #__________  Visa_____  MasterCard _____  American Express_____  Discover _____

FOR CHECK PAYMENTS: Make checks payable to Alabama Optometric Association or ALOA.

FOR CREDIT CARD PAYMENTS: We must have the exact address where you receive the bill for this credit card and your expiration date.

[  ] Same address as above

[  ] Different (please print address) __________________________________________

________________________________________  Exp. Date ________

Card # ___________________________