

17TH ANNUAL EDUCATION SYMPOSIUM

APRIL 18-19, 2020
AUSTIN, TEXAS

Optometric Cornea, Cataract and Refractive Society



The meeting of the year for ODs involved in advanced ocular disease management, refractive surgery, cataract surgery, and innovative technologies. A joint meeting with NT&T Austin.

Up to
10 CE
Credits
(Approval pending)

Omni Barton Creek • 8212 Barton Club Drive • Austin, Texas

The Optometric Cornea, Cataract and Refractive Society (OCCRS) would like to invite you to be part of our 17th Annual Education Symposium from April 18-19 in Austin, TX. This OCCRS conference is a yearly event where key opinion leaders in cornea, cataract, contact lens and other refractive technology devices come together to share clinical expertise and industry updates. We have an incredible educational program and are expecting a record turnout yet again this year. Your partnership with OCCRS will ensure your latest technology/product updates to be delivered directly to an elite group of esteemed and influential optometrists. We cordially welcome you to consider the sponsorship opportunities below.

DIAMOND \$15,000 and above

- Allocated time to address attendees over sponsor lunch with attendees (scientific presentation, up to 20 minutes)
- 4 article/news update publications on OCCRS website in 2020
- Acknowledgement on OCCRS website for 1 year
- Special acknowledgement of sponsorship in luncheon hall
- Acknowledgement of sponsorship at registration desk area and on all meeting materials
- Up to 3 on-site representatives may be stationed at your booth
- Ability to ask up to 4 survey questions during sponsor lunch to attendees*
- Table-top display in sponsor room

PLATINUM: \$10,000

- Allocated time to address attendees over sponsor lunch with attendees (scientific presentation, up to 10 minutes)
- 2 article/news update publications on OCCRS website in 2020
- Acknowledgement on OCCRS website for 1 year
- Special acknowledgement of sponsorship in luncheon hall
- Acknowledgement of sponsorship at registration desk area and on all meeting materials
- Up to 3 on-site representatives may be stationed at your booth
- Ability to ask 3 survey questions during sponsor lunch to attendees*
- Table-top display in sponsor room

GOLD: \$5,500

- Allocated time to address attendees over sponsor lunch with attendees (scientific presentation, up to 5 minutes)
- Acknowledgement on OCCRS website for 1 year
- Special acknowledgement of sponsorship at registration desk area and on all meeting materials
- Up to 2 on-site representative may be stationed at your booth
- Ability to ask 2 survey questions during sponsor lunch to attendees*
- Table-top display in sponsor room

SILVER: \$3,000

- Acknowledgement on OCCRS website for 1 year
- Acknowledgement of Sponsorship on all preparatory event advertisement materials
- Recognition on all meeting material
- Up to 1 on-site representative may be stationed at your booth
- Ability to ask 1 survey question during sponsor lunch to attendees*
- Table-top display in sponsor room

President: Tracy Swartz, OD, MS, FAAO
tracysswartz@hotmail.com

Vice President: George Goodman, OD, FAAO
drgeorgegoodman@me.com

***Survey questions must be e-mailed to reviewmeetings@jhihealth.com no later than 3 weeks prior to meeting.
Please reference meeting name and survey questions in subject line.**

Please contact a Review representative as soon as possible so we can include your information on the website.
Thank you for your support and we look forward to working with you in the near future.

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Company Information

Today's Date _____

Contact Name _____ Company Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

On-Site Representatives (See sponsorship levels for number of on-site representatives included.)

On-Site Rep #1 _____

On-Site Rep #2 _____ On-Site Rep #3 _____

Payment Information

	RATE PER PERSON	NO. IN PARTY	SUBTOTAL
Sponsorship Level: _____			= \$ _____
Additional Corporate Representatives = \$250 (See sponsorship levels for number of on-site representatives included.)	\$250	x _____	= \$ _____
			Total = \$ _____

Check enclosed (Make checks payable to *Jobson Medical Information, LLC*)

Charge my: American Express Mastercard Visa

Credit Card Number _____ Exp. Date _____

Card Holder (print name) _____

Electrical Requirements (Order form will be sent to you.)

Signature _____ Billing Contact _____ Email _____ Telephone _____

Mail form: Review Group, 11 Campus Blvd. Suite 100, Newtown Square, PA 19073 **Fax form:** 610-492-1039

For more details and prices, contact a Review representative today:

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jhenne@jobson.com

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