

F R E E M A N

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PLEASE MAIL OR FAX
THIS FORM WITH YOUR
PAYMENT INFORMATION

NAME OF SHOW: **AMERICAN ACADEMY OF OPHTHALMOLOGY** **NOVEMBER 8-11, 2008**

COMPANY NAME: _____ POSTER#: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE #: _____ EXT.: _____ FAX #: _____

SIGNATURE: _____ PRINT NAME: _____

CONTACT'S E-MAIL _____

E-MAIL FOR INVOICE _____

Invoices will be sent by e-mail. Please provide the e-mail address of the person who reconciles your invoices if different than contact's email.

METHOD OF PAYMENT

YOUR SIGNATURE ABOVE DENOTES ACCEPTANCE OF ALL TERMS AND CONDITIONS INCLUDED IN SERVICE MANUAL.

COMPANY CHECK

Please make check payable to: Freeman. Checks must be in U.S. funds drawn on a U.S. or Canadian bank. ("US. FUNDS" MUST BE PRE-PRINTED on Canadian checks.)

Please reference (73330) on your remittance.

CREDIT CARD

For your convenience, we will use this authorization to charge your credit card account for your advance orders, and any additional amounts incurred as a result of show site orders placed by your representative. These charges may include all Freeman companies, or any charges which Freeman may be obligated to pay on behalf of Exhibitor, including without limitation, any shipping charges. Please complete the information requested below:

AMERICAN EXPRESS DISCOVER MASTERCARD VISA DINERS CLUB

Account No.: _____ Exp. Date: _____

Cardholder Name (Print): _____ Signature: _____

Cardholder Billing Address: _____

City/State/Zip: _____

- **Copies of invoices may be picked up from the Service Desk prior to show closing.**
- **If you have questions or need assistance, please call and ask to speak with an Exhibitor Services representative.**

FREEMAN method of payment