

\_\_\_\_\_ hereby authorizes the third party planner or medical education company  
(Exhibiting Company)  
listed below to make all arrangements and decisions on our behalf with regard to our satellite  
events during the American Academy of Ophthalmology's 2008 Joint Meeting.

We further authorize the third party listed below to make any necessary decisions or changes on  
behalf of our company. I am an authorized representative of the exhibiting company with the full  
power and authority to sign and deliver this authorization.

\_\_\_\_\_  
Authorized Employee's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Phone/Fax

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Authorized Third Party Planner Information

Third Party Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Third Party Contact: \_\_\_\_\_ Title \_\_\_\_\_

Phone/Fax/E-mail: \_\_\_\_\_