

EYE ON THE FUTURE



2009 MOA Conference October 1-4, 2009

WHERE:

*The Lodge of Four Seasons
Horseshoe Bend Parkway
Lake Ozark, Missouri*

WHEN:

*Friday, October 2 ~ 4:00 pm – 7:00 pm
Saturday, October 3 ~ 9:00 am – 1:15 pm*

SET-UP:

*Booth set up on Friday, 1:00 p.m.
Booth size is 8' x 10' with pipe & drape, one
6' table, 2 chairs and waste can.*

REGISTRATION CONTACTS

THE LODGE OF FOUR SEASONS

Reservations: 888-265-5500

Room Rate: Single/Double: \$139.00 plus tax

Deadline for Group rate: September 1, 2009

Dr. Scott M. Burks, Exhibit Hall Chair

Ph: 417-345-2901

Email: smbod1@gmail.com



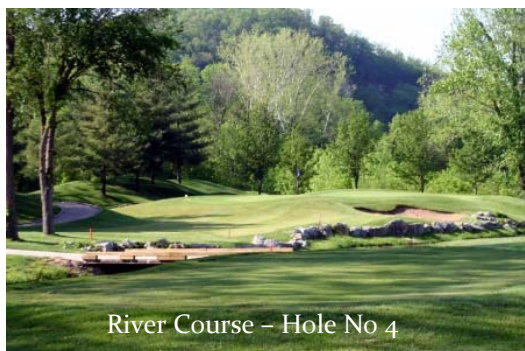
Important: *Cancellations and requests for refunds must be submitted in writing to the MOA prior to September 4, 2009.*

Questions ??? Call MOA 573-635-6151 • Fax 573-635-7989 • Email: info@moeyecare.org

GOLF TOURNAMENT – OCTOBER 1, 2009

Osage National Golf Resort

400 Osage Hills Rd., Lake Ozark, MO



River Course – Hole No 4

FORMAT: *Four-Man Scramble*
TIME: *12:30 P.M. – Shotgun Start*
REGISTRATION FEE: *\$85.00*



Mountain Course – Hole No. 1

*Registration fee includes Green Fees, Cart
and PRIZES! Lunch will be available “before” your round.*

Submit registration form and payment to:

Missouri Optometric Association

100 E. High St., Ste. 301 • Jefferson City, MO 65101

Registration is also available on line at: www.moeyecare.org

MISSOURI OPTOMETRIC ASSOCIATION
The Lodge of Four Seasons • Lake Ozark, Missouri • October 1-4, 2009

EXHIBITOR REGISTRATION

(Please Type or Print)

Company _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Please *type* or *print* names of company representatives attending. Name badges will be printed accordingly.

_____	_____
_____	_____
_____	_____
_____	_____

(Please check all appropriate boxes. Example: Double booth will cost \$765.00 plus \$565.00)

1st Booth - \$765.00 2nd Booth - \$565.00 3rd Booth - \$470.00 = Total \$ _____

___ Golfers @ \$85.00 each = Total \$ _____

TOTAL REGISTRATION \$ _____

Payment: Visa MasterCard Discover American Express Check Enclosed

Card # _____ Expiration Date: _____

To ensure that similar companies are not placed in close proximity in the exhibit hall, please provide a brief description of your company's services and/or products. _____

 **GOLF TOURNAMENT PARTICIPANTS** 

Please list persons participating in the 4-man scramble golf tournament and, if there is a preference, list person(s) they wish to golf with.

GOLFER



WOULD LIKE TO GOLF WITH:

HOLD HARMLESS CLAUSE: The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arriving out of injury or damage to exhibitor's displays, equipment, and other property brought upon the premises of the hotel and shall indemnify and hold harmless the hotel agents, servants, employees and Missouri Optometric Association members and Board of Directors from any and all such losses, damages and claims. Submission of your payment indicates agreement with the terms of the Hold Harmless Clause.

(For MOA Office Use ONLY)

Date Received: _____ Amount Enclosed: _____ Date Processed _____