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LETTER OF REQUEST

The Southern Eye Congress is a 3-day scientific symposium for ophthalmologists and technicians from across the southeast.

SEC 2024 is requesting your support by exhibiting your products/services at this Annual Meeting. Your support allows us to continue with these educational offerings to our attendees. I hope this will encourage you to participate in the various sponsorships our conference needs.

SEC 2024 is July 18-21 at The Lodge at Gulf State Park, 21196 East Beach Blvd., Gulf Shores, AL 36542. Room reservations may be made by calling (800) 618-4350 and mentioning the SEC room block. Room rates begin at \$295 per night.

Exhibit viewing hours are 6:30 a.m. to 12:00 p.m. Friday, Saturday and Sunday.

We offer two levels of exhibit space – Premium Exhibitors are located in higher traffic areas and include up to four meeting representatives. Standard Exhibitors may have up to two representatives. **Pay before April 25 to receive a discount!** In addition, the exhibit fee now includes a designated number of free registrations to attend the conference.

Increase your visibility with attendees by sponsoring an even or meal function! Sponsorships are available on a first come first serve basis. See the Exhibitor Registration form for details.

SEC staff is expecting approximately 175 attendees at this event. The event will be offered as educational programs. All display and marketing opportunities for our corporate friends are separate from the educational portion of the meetings and support a distinct portion of the event that does not include the educational program. If you have questions, please let me know. We greatly appreciate your continued support of SEC.

Make checks payable to Alabama Academy of Eye Physicians and Surgeons or pay online at www.southerneyecongress.com. Mail registration form and payment to:

Erich Burbage SEC 2022 PO Box 1900 Montgomery, AL 36102

Sincerely,

Meghan Martin Executive Director

Alabama Academy of Eye Physicians and Surgeons

2024 Southern Eye Congress Partnership Opportunities

Thursday, July 18 - Sunday, July 21, 2024 The Lodge at Gulf State Park Gulf Shores, Alabama

Exhibitor Levels

All Exhibitors Receive:

- Up to four hours with attendees
- One skirted six-foot display table, two chairs and trash can
- Two Company Representatives
- Entry to Welcome Reception
- Breakfast on Friday and Saturday
- Refreshment Breaks
- Discounted Rate at Hotel
- Recognition on Website and Event Signage
- Company name listed in weekly conference emails sent to pre-registered attendees

Premium Booth – \$2,975

(Pay before April 25 for early bird discount \$2,500)

- Booth placement in higher traffic areas near entrances and food/beverage service
- Two additional meeting reps (for a total of four)
- Meeting registration for two attendees

Standard Booth – \$2,500 (Pay before April 25 for early bird discount \$2,100)

• Meeting registration for one attendee

Sponsorship Levels

☐ Platinum Sponsorship \$12,000

(One available)

- Exclusive sponsorship of Saturday Night Reception
- Premium double booth space with up to six company reps
- Signage at event denoting sponsorship
- Logo on website
- Quarter page ad in fall Alabama Academy of Ophthalmology newsletter

☐ Gold Sponsorship \$8,000

(Five available)

- Exclusive breakfast or lunch sponsorship
- 30 minutes to address group during meal (includes A/V)
- Premium booth space with up to four company representatives
- Four tickets to the Saturday night reception.
- Signage at event denoting sponsorship
- Logo on website

☐ Silver Sponsorship \$5,000

(Two available)

- Exclusive sponsorship of Thursday Welcome Reception or Faculty Dinner
- Signage at event denoting sponsorship
- Premium booth space with up to four company representatives
- Four tickets to the Saturday night reception.
- Logo on website

☐ Bronze Sponsorship \$4,000

(Three available)

- Sponsorship of a morning break
- Signage at break denoting event sponsorship
- Premium booth space with up to four company representatives
- Four tickets to the Saturday night reception.
- Logo on website

Note to Sponsors: The Accreditation Council for Continuing Medical Education (ACCME) requires ineligible companies (one whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients) to complete a Letter of Agreement for commercial support. Details will be sent directly to those sponsors for which this applies.

About Southern Eye Congress...

The Southern Eye Congress is a collaborative society of eye care providers from the Southeast that fosters communication between leading eye surgeons, technicians and industry.

This 3-day scientific symposium offers ophthalmologists and technicians from Alabama, Mississippi, Louisiana and Tennessee an opportunity to learn what's new in their respective professions, while at the same time interacting with many of the country's top ophthalmic commercial companies.

Conference registration is included in the exhibit fee (Premium Exhibitors receive free conference registration for two attendees; Standard Exhibitors receive conference registration for one attendee.) When finalized, the agenda will be published online at www.southerneyecongress.com.

For more information on partnering with SEC, contact exhibit coordinator, Erich Burbage, at *eburbage@alamedical.org*.

Exhibitor Guidelines...

Conference Date and Location

Annual Conference - July 18-21, 2024

The Lodge at Gulf State Park 21196 East Beach Blvd. Gulf Shores, AL 36542

Room rates begin at \$295 per night. For room reservations call (800) 618-4350 and mention the SEC room block. The room block expires June 26, 2024.

Exhibit Setup

Set up is from 12:00-4:00 p.m., Thursday, July 18, in Gulfview Ballroom I & II.

Electrical, telephone, food and beverage, or audio and visual equipment, should be arranged through the hotel.

Shipping Booth and Exhibit Materials

Exhibitors should make arrangements with host hotels for receiving and shipping of exhibit materials. Prior to the meeting, SEC staff will send shipping and dryage information to all confirmed exhibitors. SEC staff will not be liable for storing, transporting or retrieving any exhibitor materials to or from the hotel or other facility.

At the end of the event, please make sure you have made arrangements for your booth materials before you leave the venue. SEC will not be responsible for anything left in the Exhibit Hall at the end of the day.

Special Requests

If you have a special request for booth placement in the Exhibit Hall to accommodate pop-up displays or other media, please let us know. If you have questions regarding the Exhibit Hall, please contact **Erich Burbage** at (334) 954-2515 or by e-mail at *eburbage@alamedical.org*.

Company Recognition

In order to ensure your company's recognition in printed meeting materials, your registration form and payment must be received no later than June 18, 2024.

Exhibit Staff and Event Attendance

Premium Exhibit registration includes attendance for up to **four representatives**, display time, meals and receptions; Standard Exhibit registration includes **two representatives**, meals and receptions. Please update SEC staff as soon as possible if there is a change in your representative.

Booth Sharing

No subletting or sharing exhibit space by more than one company or organization will be permitted. Two companies who desire to exhibit together must pay for two booths. Upon request, SEC staff will make every effort to place companies next to each other in the exhibit hall.

Concurrent Events

No exhibitor may hold any event at the same time as any SEC-sponsored event. However, there are no restrictions on exhibitors that would like to provide dinners and events – on-site or off-site – during "free" times.

Cancellation Policy

The deadline to cancel exhibit space is **30 days prior** to the date of the event. Cancellations must be in writing by mail or e-mail and will not be accepted by telephone. If a company fails to cancel by the 30-day cut-off, it will be listed as a "No show" and the company will not receive a refund.

Suitcasing Policy

Suitcasing is the action of soliciting business during the SEC conference, including another company's booth, the conference facility lobby, or general meeting and event areas. Please note that while all meeting attendees are invited to the Exhibit Hall, any person(s) who HAVE NOT paid for an Exhibit Booth at the conference that is observed to be soliciting business in the aisles or other public spaces, in another company's booth, or is in violation of any portion of the Exhibit Policy, will be asked to leave immediately. Additional penalties may be applied.

Attendee List

ACCME requires that attendees "opt in" to give permission for their name and contact information to be shared with exhibitors. The list will include name, practice name, city and state.

2024 SEC Registration Form (page 1)

COMPANY INFORMATION PLEASE PRINT CLEARLY

Company Name to appear on promotions:	
Company Contact:	E-mail:
Primary Phone: Cell	Business Type:
Company Address:	
City/State/Zip:	
PARTNERSHIP OPPORTUNITIES: Deadline to reg	ister is June 18, 2024
Premium Booth (includes high-traffic location in exhibit he	· · · · · · · · · · · · · · · · · · ·
meeting registrations - check the box beside the represe	
	Paid before April 25 🗆 \$2,500
	•
☐ First Attending Rep's Name:	
□ Second Attending Rep's Name:	
□ Third Attending Rep's Name:	
□ Fourth Attending Rep's Name:	E-mail:
Standard Booth (includes two meeting representatives, a the representative name)	nd one meeting registration - check the box beside
	Paid before April 25 🗆 \$2,100
	Paid on or after April 25 🗆 \$2,500
☐ First Attending Rep's Name:	E-mail:
□ Second Attending Rep's Name:	E-mail:
Platinum Sponsorship (Saturday Night Reception)	
Gold Sponsorship (Meal Sponsor with 30 minute speaker)	
□ Friday Breakfast □ Friday Lunch □ Saturday Break Silver Sponsorship	fast 🗆 Saturday Lunch 🗅 Sunday Breakfast
□ Thursday Welcome Reception □ Thursday Faculty Di	
Bronze Sponsorship (Break Sponsor)	
□ Friday □ Saturday □ Sunday	Total Due \$
	See payment information on next page.
List competitors not to be located near.	

2024 SEC Registration Form (page 2)

Company Name _			
METHOD OF PAYI ☐ Check payable to SEC 2024		ve Physicians and Surgeons (ALAEPS) with memo:	
Credit card payment following information:	•	www.southerneyecongress.com or complete the	
Name on Card:	E-	-mail address for receipt:	
Billing Address:			
City, State, ZIP:			
Card Number:		Exp. Date:	
Security Code:	Signature:	Amount: \$	
in full as indicated on Medical Association of or damages to person exhibitor without expl	this form. SEC, Alabama softhe State of Alabama sons or property. SEC reserved anation.	ges to persons or property; and guarantees payment Academy of Eye Physicians and Surgeons and the hall not be held responsible for any claims, losses and/ es the right to reject a company or agency as an Date:	
36102. Or, to pre-rese	rve your booth (recomme al.org and note that payr	nent to Erich Burbage, P.O. Box 1900, Montgomery, AL ended), fax this form to (334) 269-5200 or e-mail it to ment will follow under a separate cover.	
For office use only.			

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	Alabama Academy of Eye Physicians and Surgeons														
_ [2 Business name/disregarded entity name, if different from above														
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.								4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):							
e. ns on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member LLC	Corporation Partnership Trust/estate					Exempt payee code (if any)								
Solution of the composition of the single-member of the composition of the composition of the composition of the composition o						anda (if any)									
ecif		Organization				(Applies to accounts maintained outside the U.S.)									
S _C	5 Address (number, street, and apt. or suite no.) See instructions.		Requester	r's r	s name and address (optional)										
See	19 S. Jackson Street														
	6 City, state, and ZIP code														
	Montgomery, AL 36104			_					_						
	7 List account number(s) here (optional)														
	Tavance Identification Number (TIN)			_		_	_								
Part	Taxpayer Identification Number (TIN)	me given on line 1 to avo	oid S	Soc	ial sec	urity	numb	er	-	_					
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other				T	T	7									
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entities TIN, la	s, it is your employer identification number (ÉIN). If you do not have a	number, see now to get	01	r		_									
	If the account is in more than one name, see the instructions for line	1. Also see What Name a	and E	Emp	oloyer	er identification number									
Numbe	er To Give the Requester for guidelines on whose number to enter.														
			,	6	3 .	- 0	8	0	9	0	5	0			
Part	II Certification														
Under	penalties of perjury, I certify that:														
2. I am Serv	number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from barice (IRS) that I am subject to backup withholding as a result of a failubinger subject to backup withholding; and	ackup withholding, or (b)	I have no	t b	een no	otifie	d by	the I	nter	nal ed m	Reve	enue at I am			
3. I am	a U.S. citizen or other U.S. person (defined below); and														
4. The	FATCA code(s) entered on this form (if any) indicating that I am exem	npt from FATCA reporting	g is correc	ct.											
you hay	cation instructions. You must cross out item/2 above if you have been not realled to report all interest and dividends on your tax return. For real estition or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification, it	state transactions, item 2	does not a	app	DIY. FO ement	(IRA)	tgage	e inte Laen	erest	t pai lv. n	a, avme	ents			
Sign Here	Signature of U.S. person ▶	D	Date ►			17	1/2	20	25	-	3				
Ger	neral Instructions	• Form 1099-DIV (div funds)	vidends, ir	nclı	uding	those	e fron	n sto	ocks	or	mutu	ıal			
Section noted.	n references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (v	various ty	pes	s of in	come	e, priz	zes,	awa	ırds,	or g	ross			
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.		 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) 													
		Form 1099-S (proceeds from real estate transactions)													
	oose of Form		chant card and third party network transactions)												
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer		• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)													
(SSN)	cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	Form 1099-C (canceled debt)													
taxpay	er identification number (ATIN), or employer identification number	Form 1099-A (acquisition or abandonment of secured property)						nt							
(EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information		Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.													
	include, but are not limited to, the following. 1099-INT (interest earned or paid)	be subject to backup	If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,												

• Form 1099-INT (interest earned or paid)