



2027 EXHIBITOR PROSPECTUS

MANDATORY EXHIBIT HOURS: JANUARY 22–23, 2027 • 7:00 AM – 5:30 PM

Breakfast will be provided for exhibitors both days.

Invitation

The New Orleans Academy of Ophthalmology invites your company to exhibit at our 76th Annual Symposium. This highly interactive meeting brings together ophthalmologists, technicians, residents, fellows, and industry leaders from throughout the Gulf South.

Why Exhibit?

- 300+ physician attendees
- 65+ technicians
- Residents & fellows from LSU, Tulane & Ochsner
- Integrated exhibit hall traffic throughout breaks

Frequently Asked Questions

How is the meeting formatted?
Entirely in-person with exhibit hall integration.

How many reps are included? Four
exhibitor badges per company.

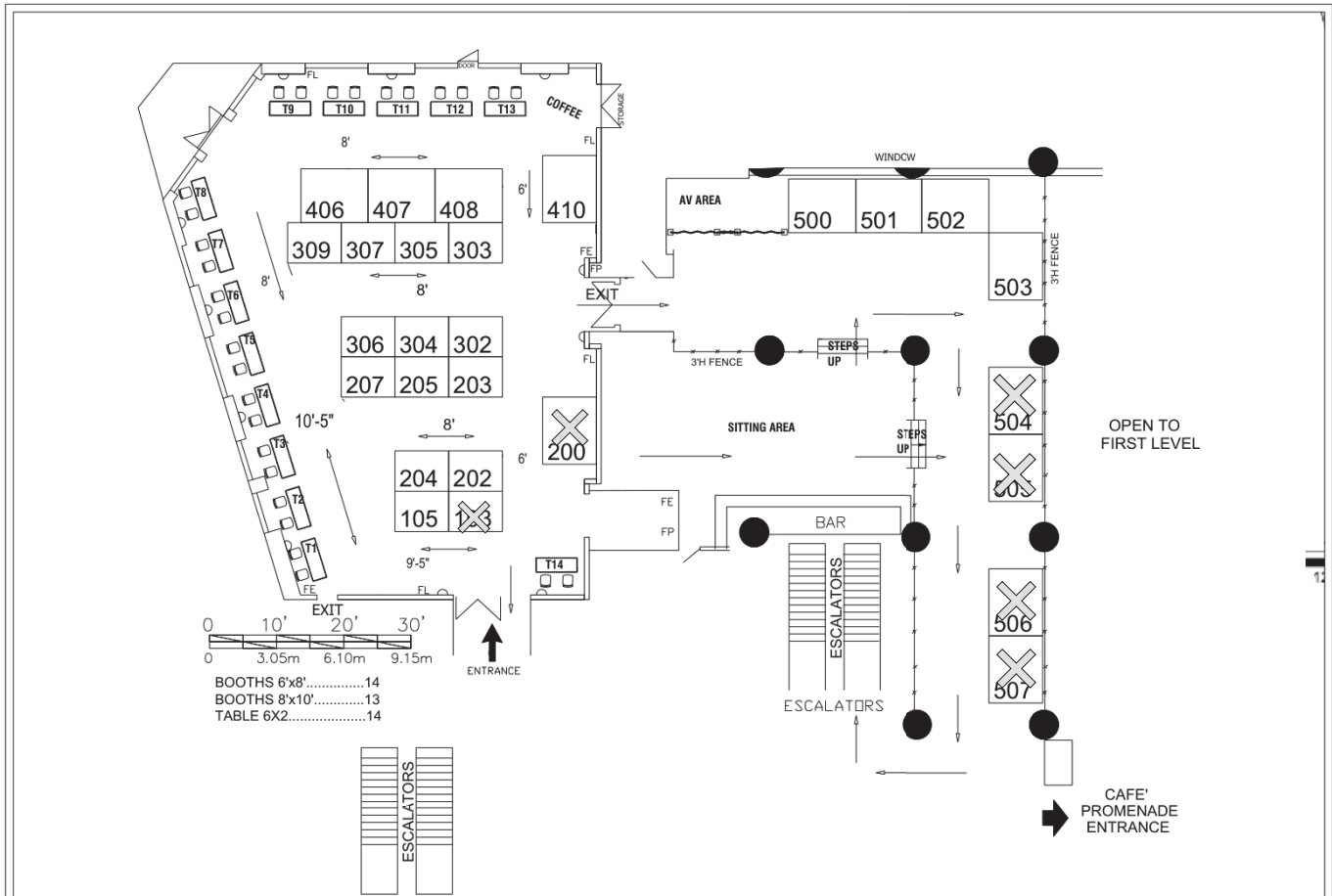
Can banner stands be displayed?
Yes.

Must booths remain staffed?
Yes, Friday and Saturday.

Tier	Description	Early	After Nov 30
Tier 1	8'x10' Premium	\$5,000	\$5,500
Tier 2	8'x10' Standard	\$4,000	\$4,500
Tier 3	6'x8' Booth	\$3,000	\$3,250
Tier 4	Tabletop	\$1,750	\$2,000

Reduced room rates available through the NOAO room block at the Sheraton New Orleans Hotel.

2027 EXHIBIT HALL FLOOR PLAN



Booths 500-507 Tier 1

Booths 406-410 Tier 2

Booths 103-309 Tier 3

Tables Tier 4

- Premium booths positioned along attendee traffic flow
- Coffee and networking areas inside exhibit hall
- Immediate access from escalators and meeting rooms

EXHIBITOR REGISTRATION

Company Name

Primary Contact

Email

Phone

Top Three Booth Selections

1st Choice

2nd Choice

3rd Choice

Name on Card

Card Number

Expiration

CVC

Billing Zip

Terms & Cancellation Policy

Cancellation notices received more than 30 days prior to the meeting will incur a \$1,000 cancellation fee. Cancellation notices received within 30 days of the meeting will incur a \$1,500 cancellation fee. Exhibits must remain staffed during mandatory exhibit hours on Friday and Saturday. Additional furnishings and services may be coordinated through Alliance Exposition Services.

A 4% processing fee will be added to all credit card charges. ACH available upon request.

**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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) New Orleans Academy of Ophthalmology	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☒ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 8131 Oak St, #300	Requester's name and address (optional)
6 City, state, and ZIP code New Orleans LA 70118		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
5	8		-	2	0	8	0	2	4

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Courtney Finkelstein</i>	Date 07/01/2026
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they