



Working Together to Advance Professional Opticianry Care for the State of New Mexico

**Opticians Association of New Mexico
17th Annual ABO Educational Conference**

Vendor Registration Form

Location: Four Hills Country Club, Albuquerque, N.M

Dates: November 14, 2009

Educational Conference Time: 8:50am to 4:30pm

Special Luncheon

Booth space (display table and chairs): \$200.00

Additional tables: \$50.00 each

Reception, Dinner and Dance: November 13, 2009 at the Four Hills Country Club

Time: 6:30pm – 10:00pm

Company Name: _____

Address: _____

City/State: _____

Phone Number: _____

Email address: _____

Contact person: _____

Enclosed is my check or money order for \$ _____

Check or money order number _____

Deadline for fees – October 23, 2009

Please mail all checks/money orders to:

Samuel Henderson, Secretary/Treasurer, ABO, NCLE

Opticians Association of New Mexico

6000 Montano Plaza Drive N.W. #4A

Albuquerque, N.M. 87120

Phone number: (505) 228-5046

E-mail – shenders@sipi.bia.edu



Working Together to Advance Professional Opticianry Care for the State of New Mexico

**Opticians Association of New Mexico, Inc.
Educational Foundation Funds
Sponsorship Donation Form**

(Distribution: top of form to sponsorship)

**TO: Opticians Association of New Mexico Educational Foundation Funds
FROM: Opticians Association of New Mexico Fundraising Committee
RE: Tax-deductible Contributions**

Thank you for your tax-deductible donation to the Optician Association of New Mexico Educational Foundation Funds. Your contribution will help us to meet our educational goals.

This receipt verifies your donation for the Optician Association of New Mexico Educational Foundation Funds during the fiscal year of September 30, 2009 through October 31, 2010.

**Sponsor: _____
Donation: _____**

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(Distribution: bottom of form to Optician Association of New Mexico, Inc.)

**Opticians Association of New Mexico, Inc.
Educational Foundation Funds Control Form**

Your Name: _____ Phone: _____

Business/SponsorName: _____

Business Address: _____ Zip Code: _____

Business Phone: _____

Contact Person: _____

Donation: _____

Advertise/Acknowledge Sponsor? Yes ____ No ____