# NEW ORLEANS ACADEMY OF OPHTHALMOLOGY

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# Dear Exhibitor,

The New Orleans Academy of Ophthalmology (NOAO) is pleased to announce our 75th Annual Symposium, "A Legacy of Sight, A Future of Clarity: Advancing care in Cataract, Glaucoma and Pediatric Ophthalmology" taking place January 30<sup>th</sup> -February 1st, 2026. Mandatory exhibit days are Friday, January 30th and Saturday January 31<sup>st</sup>, 2026.

We invite you to join us in advancing ophthalmic education across the Gulf South and beyond. With timely topics, a distinguished faculty, and attendee pathways routed through the exhibit hall, the 2026 meeting will provide meaningful opportunities for visibility and engagement.

**New this year,** complimentary admission will be offered to New Orleans resident alumni, further expanding your company's reach to a broader audience.

The meeting will be held at the **Sheraton New Orleans Hotel, 500 Canal Street.** To reserve accommodations, call (504) 525-2500 and request the NOAO room block. **This year's dates fall outside the major Mardi Gras parades, so exhibitors will not face issues with traffic or deliveries.** 

We are pleased to offer four exhibit space tiers. Booths include an 8' high back drape, 3' side dividers, identification sign, two chairs, a skirted table, and wastebasket. Tabletop packages include two chairs, a skirted table, and wastebasket. Additional items may be arranged directly through Alliance Exposition, and each exhibitor will have access to a dedicated Exhibit Expert.

Corporate partnership opportunities are also available for underwriting events and activities—please call (504) 861-2550 for details.

Enclosed you will find the booth application, floor plan, and FAQs. Completed applications may be submitted via email to **courtneyf@noao.org**.

We hope you will join us for this special **75th Annual Symposium.** For questions or assistance, please contact us at (504) 861-2550.

# New Orleans Academy of Ophthalmology 75th Annual Symposium Advancing Care in Cataract, Glaucoma, & Pediatric Ophthalmology Frequently Asked Questions:

# Why should my company exhibit at the NOAO Symposium?

Our Symposium is an ideal size and location for reaching a variety of ophthalmologists from urban and rural communities and have in-depth conversations on how your company can fulfill their needs.

# How is this event formatted?

The Annual Symposium will be held as an in-person event only. The event will consist of one General Session with coffee breaks in the Exhibit Hall throughout the day; workshops will be held in the afternoon. Opportunities for corporate-supported events are available during lunch or evenings.

## What is the usual number of MDs that attend?

The symposium draws more than 300 attendees annually. This does not include over 30 local Residents and Fellows.

# What is the usual number of ODs that attend?

None.

# What other groups might attend?

Technicians and Residents/Fellows. There is a concurrent technicians' conference on Friday with over 100 attendees.

# What is included in the fee for booth exhibitors?

The basic booth fee includes the 8' high back drape, 3' high side dividers, one 7"x44" one-line identification sign, a standard skirted table, two chairs, and a wastebasket ONLY. Tabletop booths will not include pipe and drape. Additional materials and furnishings can be purchased through Alliance Exposition.

## Is there a limitation on the number of company representatives per booth?

4 representatives are allowed per company. Additional name badges cost \$50 each.

# Can we use a banner stand behind our table?

Yes.

# Are there any limitations on the type of equipment we can exhibit?

There is no real limit to what can be displayed, except that we cannot have anything in the exhibit hall that would produce a flame or put anyone in danger (like an open burner).

# Can we pick and choose which days we'd like to exhibit?

Exhibitor check-in is on Thursday. All exhibits are required to be staffed on both Friday and Saturday.

# APPLICATION FOR EXHIBIT SPACE

# New Orleans Academy of Ophthalmology

# January 30th and January 31st, 2026

The New Orleans Academy of Ophthalmology (NOAO) is hereby authorized to reserve exhibit space as indicated by preference for the undersigned company. The space will be available at the NOAO 2025 Annual Symposium.

We, the undersigned, hereinafter referred to as exhibitor, hereby agree to assume all responsibility for the use of all tables, table drapes and other materials provided to exhibitor for displaying and exhibiting at the NOAO's Annual Meeting held at the Sheraton New Orleans Hotel during the period of January 30th-31st, 2026. Exhibitor understands that floor plan may be subject to change. The exhibitor further agrees to release the Sheraton New Orleans Hotel and the NOAO from any and all liability and to hold either or both of them harmless of any breakage, damage or mishap occurring because of, or arising out of, the use of these tables, drapes and other materials provided to the exhibitor. Exhibitor is obligated to occupy booth with display for the entire length of the exhibition as set forth by the NOAO. If cancellation notice is postmarked prior to thirty (30) days before the meeting, a cancellation fee of one thousand dollars (\$1000.00) will be retained by the NOAO. If cancellation notice is postmarked less than thirty (30) days prior to the meeting, a cancellation fee of one thousand five hundred dollars (\$1500 will be retained.

Attendees will be incentivized to visit each booth through a raffle program. Each attendee will receive a printed floor plan and the opportunity to collect a sticker from each booth. We will provide you with the stickers. On Sunday morning, a drawing will be held from the completed floor plans and the winner will receive a gift basket.

## EXHIBIT DAYS ARE FRIDAY JANUARY 30TH AND SATURDAY JANUARY 31ST 7:00 AM-5:30 PM

Choose one of the following options for exhibit space:

#### Tier 1 - Fee: \$6000. Paid after November 30, 2025: \$6500

Includes an 8'x10' booth, an 8' high back drape, 3' high side dividers and a 7"x44" one-line identification sign, two chairs, a table with standard skirting, and a wastebasket only.

## Tier 2 - Fee: \$4500 Paid after November 30, 2025: \$4750

Includes an 8'x10' booth, an 8' high back drape, 3' high side dividers and a 7"x44" one-line identification sign, two chairs, a table with standard skirting, and a wastebasket only.

#### Tier 3 - Fee: \$3000. Paid after November 30, 2025: \$3250

Includes a 6'x8' booth, an 8' high back drape, 3' high side dividers and a 7"x44" one-line identification sign, two chairs, a table with standard skirting, and a wastebasket only.

#### <u>Tier</u> 4 - Fee: \$1,750. *Paid after November 30, 2025: \$2,000*

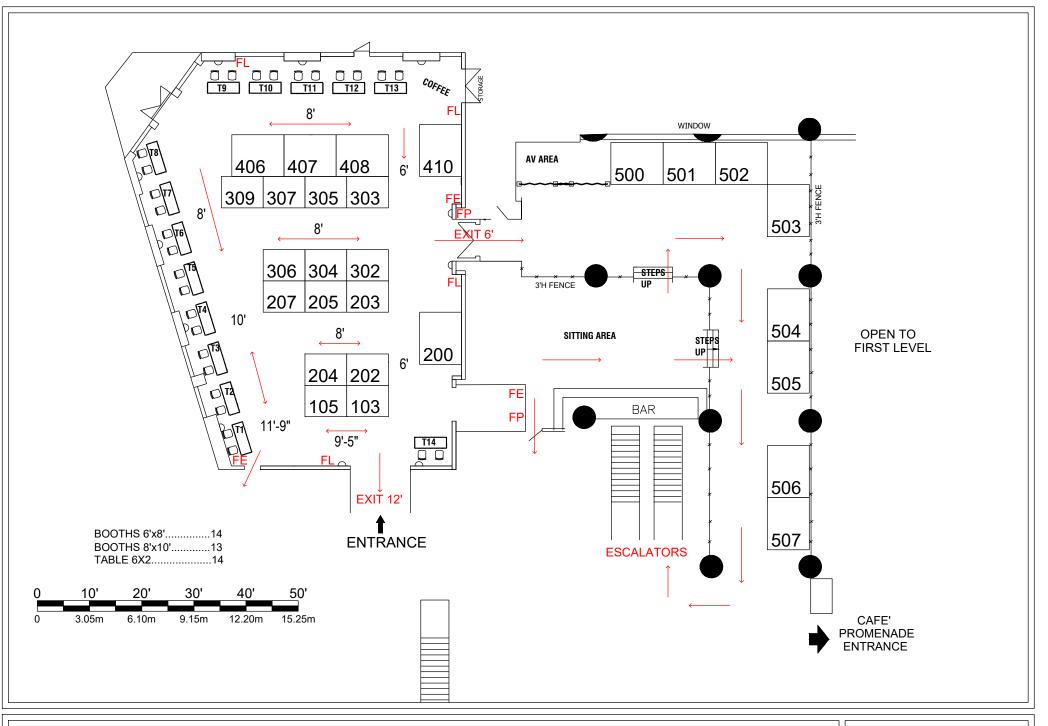
Includes an 8' tabletop booth, a 7"x44" one-line identification sign, two chairs, a table with standard skirting, and a wastebasket only.

Installation and dismantle labor will be provided by our exhibitor service contractor, Alliance Exposition Services. Additional materials or furnishings can be purchased through Alliance Exposition Services. **Booth materials MUST be shipped**through Alliance Exposition Services.

The accompanying floo	r plan indicates the location of	vendor booths. Indicate your location	preferences below.				
**All three choices must be for the same tier. See floor plan for details**							
<b>1</b> st	<b>2</b> <sup>nd</sup>	3rd					

Your booth selection will not be confirmed until payment is received. Once we receive your application, an invoice will be generated via Quickbooks. If you provide payment details now, the invoice will be generated, paid and an email receipt will be sent to the contact information below.

PLEASE PRINT: Comp	oany:	Contact:	
-Address:		City, State, Zip:	
Phone:	Fax:	Email:	
Credit card #:		Exp. Date:	CVC Code:
Name on Card:		Signature:	



# NOAO 2026

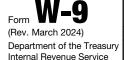
January 29-31, 2026

Sheraton New Orleans / Waterbury & Lagniappe Rooms / 500 Canal St, New Orleans, LA 70130  $\,$ 

V1 / .5H job# 012621 DRAWN BY: SA



REVISION DATE: 7/29/25



# 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.

Befo	e yo	bu begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.												
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the o entity's name on line 2.)	wner's na	me o	n lin	e 1, an	d ente	er the	busi	ness/dis	sregar	ded		
	2	Business name/disregarded entity name, if different from above.												
Print or type. See Specific Instructions on page 3.	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						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)							
P <sub>1</sub> Specific	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax and you are providing this form to a partnership, trust, or estate in which you have an ownership i this box if you have any foreign partners, owners, or beneficiaries. See instructions	nterest, c		] (4	(Applies to accounts maintained outside the United States.)								
See	5	5 Address (number, street, and apt. or suite no.). See instructions. Request					's name and address (optional)							
	6	City, state, and ZIP code												
	7	List account number(s) here (optional)												
Pai	τI	Taxpayer Identification Number (TIN)												
Enter	you	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Soci	ial s	ecurity	curity number							
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		or a			-			-						
entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>														
T/IN, later. Employe				er iden	r identification number									
		ne account is in more than one name, see the instructions for line 1. See also What Name of Give the Requester for guidelines on whose number to enter.	and			-								
Par	t II	Certification								ı		<u> </u>		
Unde	r pei	nalties of perjury, I certify that:												
2. I ar Se no	n no rvice long	mber shown on this form is my correct taxpayer identification number (or I am waiting for a subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest of the subject to backup withholding; and U.S. citizen or other U.S. person (defined below); and	I have no	ot be	en	notifie	d by	the Ir	nterr					
		TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	a is com	ect										

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.

Courtney Finkelstein

# **General Instructions**

Signature of

U.S. person

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

Sign

Here

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

Date