



**Florida Society of Ophthalmology
2026 Advertising Application**

First Name _____ Last Name _____ Degree _____

Company Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Cell _____

Email _____

ADVERTISING OPTIONS

____ Newsletter-The FSO Clarity Report

<input type="checkbox"/> Banner Ad	<u>Size</u> 728x90	<u>Cost</u> \$850	<u>Month(s)</u> ____Jan ____Feb ____Mar ____Apr ____May ____Jun ____Jul ____Aug ____Sep ____Oct ____Nov ____Dec
<input type="checkbox"/> Classified Ad	N/A	<u>Cost</u> 9.50/line (approx. 9 words) x ____	

____ FSO Website Banner-3 month minimum

<u>Size</u> 615 x 145	<u>3-Month Cost</u> \$650 x ____	<u>Month(s)</u> ____Jan ____Feb ____Mar ____Apr ____May ____Jun ____Jul ____Aug ____Sep ____Oct ____Nov ____Dec
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____ Annual Meeting Platform*-3 month minimum

<u>Dimensions</u> 208 x 208	<u>Monthly Cost</u> \$650 x ____	<u>Month(s)</u> ____Jan ____Feb ____Mar ____Apr ____May ____Jun ____Jul ____Aug ____Sep ____Oct ____Nov ____Dec
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*Must be a registered exhibitor to advertise on the annual meeting platform.

PAYMENT

TOTAL \$ _____ Check (Florida Society of Ophthalmology) Visa AMEX MasterCard

CC Number _____ Exp. Date _____ Security Code _____

Name on Card _____

Signature _____ Date _____