



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*

___ Banner Ad	<u>Size</u>	<u>Cost</u>	<u>Month(s)</u>
	728x90	\$850	___Jan ___Feb ___Mar ___Apr ___May ___Jun ___Jul ___Aug ___Sep ___Oct ___Nov ___Dec

___ Classified Ad	N/A	<u>Cost</u>
		9.50/line (approx. 9 words) x ___

\_\_\_ FSO Website Banner-3 month minimum

<u>Size</u>	<u>3-Month Cost</u>	<u>Month(s)</u>
615 x 145	\$650 x ___	___Jan ___Feb ___Mar ___Apr ___May ___Jun ___Jul ___Aug ___Sep ___Oct ___Nov ___Dec

\_\_\_ Annual Meeting Platform\*-3 month minimum

<u>Dimensions</u>	<u>Monthly Cost</u>	<u>Month(s)</u>
208 x 208	\$650 x ___	___Jan ___Feb ___Mar ___Apr ___May ___Jun ___Jul ___Aug ___Sep ___Oct ___Nov ___Dec

*\*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 \_\_\_\_\_