



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

**New Mexico's 25<sup>th</sup> Annual Educational  
Conference in Albuquerque, New Mexico!**

**Make your plans now to attend our conference on Saturday, November 11,  
2017.**

**We would be honored to have you spend the day with us.**

**We welcome all industry Representatives and Vendors and we sincerely thank  
you for your past and present support in helping bring Opticianry education  
to the state of New Mexico!**

**This conference will sponsor 6 hours of continuing education ABO credits.  
Conference attendees are eyecare professionals from New Mexico and  
surrounding areas. Our conference will offer an excellent opportunity to meet  
with state wide eyecare professionals in one location.**

**We have enclosed the following information on the next pages:**

- **Vendor Registration Form**
- **Sponsorship Donation Form**

**Conference location: SIPI's Science & Technology Building  
9169 Coors Blvd. NW  
Albuquerque, N.M 87120**

**The OANM looks forward to your response.**



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

## **New Mexico's 25<sup>th</sup> Annual Educational Conference in Albuquerque, New Mexico!**

### **Vendor Registration Form**

**Location:** SIPI's Science & Technology Building  
9169 Coors Blvd. NW  
Albuquerque, N.M 87120

**Dates:** November 11, 2017

**Educational Conference Time:** To be announced

#### **Special Luncheon**

**Booth space** (display table and chairs): \$250.00

**Additional tables:** \$25.00 each

**Continental Breakfast:** begins at 8:00am

**Lunch Buffet:** 12:00pm – 1:30pm

#### **Social Activity**

**Social Gathering:** To be announced

#### **Company Information**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact person: \_\_\_\_\_

#### **Payment**

Enclosed is my check or money order for \$ \_\_\_\_\_

Check or money order number \_\_\_\_\_

**Please mail all checks/money orders to:**

Samuel Henderson,  
Secretary/Treasurer, ABO, NCLE  
Opticians Association of New Mexico  
10424 Calle Cordoba NW  
Albuquerque, N.M. 87114

Phone: (505) 228-5046  
E-mail : flybo.83@gmail.com



**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 sponsor)*

**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, 2017 through October 31, 2018.**

**Sponsor:** \_\_\_\_\_

**Donation:** \_\_\_\_\_

.....

*(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 \_\_\_\_\_**

**Please mail all checks/money orders to:**

Samuel Henderson,  
Secretary/Treasurer, ABO, NCLE  
Opticians Association of New Mexico  
10424 Calle Cordoba NW  
Albuquerque, N.M. 87114

Phone: (505) 228-5046  
E-mail : flybo.83@gmail.com