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LETTER OF REQUEST

The Southern Eye Congress is a 3-day scientific symposium for ophthalmologists and technicians from across the southeast.

SEC 2025 is requesting your support by exhibiting your products/services at this Annual Meeting. Your support allows us to continue with these educational offerings to our attendees. I hope this will encourage you to participate in the various sponsorships our conference needs.

SEC 2025 is July 31 – Aug. 3 at the Hilton Sandestin Beach Golf Resort and Spa, 4000 S. Sandestin Blvd., Miramar Beach, FL 32550. Room reservations may be made by calling (850) 267-9500 and mentioning the SEC room block. Room rates begin at \$375 per night.

Exhibit viewing hours are 6:30 a.m. to 12:00 p.m. Friday, Saturday and Sunday.

We offer two levels of exhibit space – Premium Exhibitors are located in higher traffic areas and include up to four meeting representatives. Standard Exhibitors may have up to two representatives. **Pay before May 8 to receive a discount!** In addition, the exhibit fee now includes a designated number of free registrations to attend the conference.

Increase your visibility with attendees by sponsoring an even or meal function!

Sponsorships are available on a first come first serve basis. See the Exhibitor Registration form for details.

SEC staff is expecting approximately 150 attendees at this event. The event will be offered as educational programs. All display and marketing opportunities for our corporate friends are separate from the educational portion of the meetings and support a distinct portion of the event that does not include the educational program. If you have questions, please let me know. We greatly appreciate your continued support of SEC.

Make checks payable to Alabama Academy of Eye Physicians and Surgeons or pay online at www.southerneyecongress.com. Mail registration form and payment to:

Erich Burbage
SEC 2025
PO Box 1900
Montgomery, AL 36102

Sincerely,

A handwritten signature in black ink, appearing to read 'Meghan', with a horizontal line extending to the right.

Meghan Martin
Executive Director
Alabama Academy of Eye Physicians and Surgeons

2025 Southern Eye Congress Partnership Opportunities

Thursday, July 31 - Sunday, August 3, 2025
Hilton Sandestin Beach Golf Resort & Spa
Miramar Beach, FL

Exhibitor Levels

All Exhibitors Receive:

- Up to four hours with attendees
- One skirted six-foot display table, two chairs and trash can
- Two Company Representatives
- Entry to Welcome Reception
- Breakfast on Friday and Saturday
- Refreshment Breaks
- Discounted Rate at Hotel
- Recognition on Website and Event Signage
- Company name listed in weekly conference emails sent to pre-registered attendees

Premium Booth – \$2,975

(Pay before May 8 for early bird discount \$2,500)

- Booth placement in higher traffic areas near entrances and food/beverage service
- Two additional meeting reps (for a total of four)
- Meeting registration for two attendees

Standard Booth – \$2,500

(Pay before May 8 for early bird discount \$2,100)

- Meeting registration for one attendee

Sponsorship Levels

❑ Platinum Sponsorship \$12,000

(One available)

- Exclusive sponsorship of Saturday Night Reception
- Premium double booth space with up to six company reps
- Signage at event denoting sponsorship
- Logo on website
- Quarter page ad in fall Alabama Academy of Ophthalmology newsletter

❑ Gold Sponsorship \$8,000

(Five available)

- Exclusive breakfast or lunch sponsorship
- 30 minutes to address group during meal (includes A/V)
- Premium booth space with up to four company representatives
- Four tickets to the Saturday night reception.
- Signage at event denoting sponsorship
- Logo on website

❑ Silver Sponsorship \$5,000

(Two available)

- Exclusive sponsorship of Thursday Welcome Reception or Faculty Dinner
- Signage at event denoting sponsorship
- Premium booth space with up to four company representatives
- Four tickets to the Saturday night reception.
- Logo on website

❑ Bronze Sponsorship \$4,000

(Three available)

- Sponsorship of a morning break
- Signage at break denoting event sponsorship
- Premium booth space with up to four company representatives
- Four tickets to the Saturday night reception.
- Logo on website

Note to Sponsors: The Accreditation Council for Continuing Medical Education (ACCME) requires ineligible companies (one whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients) to complete a Letter of Agreement for commercial support. Details will be sent directly to those sponsors for which this applies.

About Southern Eye Congress...

The Southern Eye Congress is a collaborative society of eye care providers from the Southeast that fosters communication between leading eye surgeons, technicians and industry.

This 3-day scientific symposium offers ophthalmologists and technicians from Alabama, Mississippi, Louisiana and Tennessee an opportunity to learn what's new in their respective professions, while at the same time interacting with many of the country's top ophthalmic commercial companies.

Conference registration is included in the exhibit fee (Premium Exhibitors receive free conference registration for two attendees; Standard Exhibitors receive conference registration for one attendee.) When finalized, the agenda will be published online at www.southerneyecongress.com.

For more information on partnering with SEC, contact exhibit coordinator, Erich Burbage, at eburbage@alamedical.org.

Exhibitor Guidelines...

Conference Date and Location

Annual Conference – July 31 - Aug. 3, 2025

Hilton Sandestin Beach Golf Resort & Spa
4000 S Sandestin Blvd
Miramar Beach, FL 32550

Room rates begin at \$375 per night. For room reservations call (850) 267-9500 and mention the SEC room block. The room block expires July 2, 2025.

Exhibit Setup

Set up is from 12:00-4:00 p.m., Thursday, July 31.

Electrical, telephone, food and beverage, or audio and visual equipment, should be arranged through the hotel.

Shipping Booth and Exhibit Materials

Exhibitors should make arrangements with host hotels for receiving and shipping of exhibit materials. Prior to the meeting, SEC staff will send shipping and dryage information to all confirmed exhibitors. ***SEC staff will not be liable for storing, transporting or retrieving any exhibitor materials to or from the hotel or other facility.***

At the end of the event, please make sure you have made arrangements for your booth materials before you leave the venue. SEC will not be responsible for anything left in the Exhibit Hall at the end of the day.

Special Requests

If you have a special request for booth placement in the Exhibit Hall to accommodate pop-up displays or other media, please let us know. If you have questions regarding the Exhibit Hall, please contact **Erich Burbage** at (334) 954-2515 or by e-mail at eburbage@alamedical.org.

Company Recognition

In order to ensure your company's recognition in printed meeting materials, your registration form and payment must be received no later than July 1, 2025.

Exhibit Staff and Event Attendance

Premium Exhibit registration includes attendance for up to **four representatives**, display time, meals and receptions; Standard Exhibit registration includes **two representatives**, meals and receptions. Please update SEC staff as soon as possible if there is a change in your representative.

Booth Sharing

No subletting or sharing exhibit space by more than one company or organization will be permitted. Two companies who desire to exhibit together must pay for two booths. Upon request, SEC staff will make every effort to place companies next to each other in the exhibit hall.

Concurrent Events

No exhibitor may hold any event at the same time as any SEC-sponsored event. However, there are no restrictions on exhibitors that would like to provide dinners and events – on-site or off-site – during “free” times.

Cancellation Policy

The deadline to cancel exhibit space is **30 days prior** to the date of the event. Cancellations must be in writing by mail or e-mail and will not be accepted by telephone. If a company fails to cancel by the 30-day cut-off, it will be listed as a “No show” and the company will not receive a refund.

Suitcasing Policy

Suitcasing is the action of soliciting business during the SEC conference, including another company's booth, the conference facility lobby, or general meeting and event areas. Please note that while all meeting attendees are invited to the Exhibit Hall, any person(s) who **HAVE NOT** paid for an Exhibit Booth at the conference that is observed to be soliciting business in the aisles or other public spaces, in another company's booth, or is in violation of any portion of the Exhibit Policy, will be asked to leave immediately. Additional penalties may be applied.

Attendee List

ACCME requires that attendees “opt in” to give permission for their name and contact information to be shared with exhibitors. The list will include name, practice name, city and state.

2025 SEC Registration Form (page 1)

COMPANY INFORMATION *PLEASE PRINT CLEARLY*

Company Name to appear on promotions: _____

Company Contact: _____ E-mail: _____

Primary Phone: Office Cell _____ Business Type: _____

Company Address: _____

City/State/Zip: _____

PARTNERSHIP OPPORTUNITIES: *Deadline to register is July 1, 2025*

Premium Booth (includes high-traffic location in exhibit hall with up to four meeting representatives, and two meeting registrations - check the box beside the representative name)

.....**Paid before May 8** **\$2,500**

..... **Paid on or after May 8** **\$2,975**

First Attending Rep's Name: _____ E-mail: _____

Second Attending Rep's Name: _____ E-mail: _____

Third Attending Rep's Name: _____ E-mail: _____

Fourth Attending Rep's Name: _____ E-mail: _____

Standard Booth (includes two meeting representatives, and one meeting registration - check the box beside the representative name)

.....**Paid before May 8** **\$2,100**

..... **Paid on or after May 8** **\$2,500**

First Attending Rep's Name: _____ E-mail: _____

Second Attending Rep's Name: _____ E-mail: _____

Platinum Sponsorship (Saturday Night Reception) **\$12,000**

Gold Sponsorship (Meal Sponsor with 30 minute speaker) **\$8,000**

Friday Breakfast **Friday Lunch** **Saturday Breakfast** **Saturday Lunch** **Sunday Breakfast**

Silver Sponsorship **\$5,000**

Thursday Welcome Reception **Thursday Faculty Dinner**

Bronze Sponsorship (Break Sponsor) **\$4,000**

Friday **Saturday** **Sunday**

Total Due \$ _____

See payment information on next page.

List competitors not to be located near.

2025 SEC Registration Form (page 2)

Company Name _____

METHOD OF PAYMENT

PAYMENT IS DUE NO LATER THAN JULY 17, 2025

Check payable to Alabama Academy of Eye Physicians and Surgeons (ALAEPS) with memo: SEC 2025

Credit card payment may be made online at www.southerneyecongress.com or complete the following information:

Name on Card: _____ E-mail address for receipt: _____

Billing Address: _____

City, State, ZIP: _____

Card Number: _____ Exp. Date: _____

Security Code: _____ Signature: _____ Amount: \$ _____

Your signature acknowledges your understanding that exhibitors assume all responsibilities and agree to protect against all claims, losses and damages to persons or property; and guarantees payment in full as indicated on this form. SEC, Alabama Academy of Eye Physicians and Surgeons and the Medical Association of the State of Alabama shall not be held responsible for any claims, losses and/or damages to persons or property. SEC reserves the right to reject a company or agency as an exhibitor without explanation.

Signature: _____ Date: _____

INSTRUCTIONS

Return signed form (**both pages**) with your payment to Erich Burbage, P.O. Box 1900, Montgomery, AL 36102. Or, to pre-reserve your booth (recommended), fax this form to (334) 269-5200 or e-mail it to eburbage@alamedical.org and note that payment will follow under a separate cover.

ALAEPS Tax ID#: 63-0809050

For office use only.

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | |
|---|--|
| Print or type. See Specific Instructions on page 3. | <p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Alabama Academy of Eye Physicians and Surgeons</p> <p>2 Business name/disregarded entity name, if different from above.</p> <hr/> <p>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.</p> <p> <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) <u>Non-profit corporation exempt under 501 (c)(6)</u> </p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p> <p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>19 S. Jackson St</p> <p>6 City, state, and ZIP code</p> <p>Montgomery, AL 36104</p> <p>7 List account number(s) here (optional)</p> <p style="text-align: right;">Requester's name and address (optional)</p> |
|---|--|

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid 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 entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | | |
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| or | | | | | | | | | | |
| Employer identification number | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black;">6</td> <td style="width: 12.5%; border: 1px solid black;">3</td> <td style="width: 12.5%; border: 1px solid black;">-</td> <td style="width: 12.5%; border: 1px solid black;">0</td> <td style="width: 12.5%; border: 1px solid black;">8</td> <td style="width: 12.5%; border: 1px solid black;">0</td> <td style="width: 12.5%; border: 1px solid black;">9</td> <td style="width: 12.5%; border: 1px solid black;">0</td> <td style="width: 12.5%; border: 1px solid black;">5</td> <td style="width: 12.5%; border: 1px solid black;">0</td> </tr> </table> | 6 | 3 | - | 0 | 8 | 0 | 9 | 0 | 5 | 0 |
| 6 | 3 | - | 0 | 8 | 0 | 9 | 0 | 5 | 0 | |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

| | | |
|------------------|--------------------------|---------|
| Sign Here | Signature of U.S. person | Date |
| | | 5/14/24 |

General Instructions

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

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