

Industry Sponsor Program Enrollment - 2026

YES I would like to support the profession of Optometry through the annual Industry Sponsor Program with the MOA!

Company Name: _____
Sponsor Contact Person: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Office phone: _____ Fax: _____ Cell: _____
Email: _____
Website: _____
Any Additional Information: _____

Please select your desired sponsorship level.

- | | |
|---|--|
| <input type="checkbox"/> Visionary - \$10,000 | <input type="checkbox"/> Gold - \$7,500 |
| <input type="checkbox"/> Silver - \$5,000 | <input type="checkbox"/> Bronze - \$2,500 |
| | <input type="checkbox"/> Affiliate - \$1,500 |

Please make checks payable to Mississippi Optometric Association.

Cardholder Name: Card Number: _____
Expiration Date: ____ / ____
Billing Address: _____
City: _____ State: _____ Zip: _____
Email for receipt: _____
Amount to be charged: \$ _____

Mail to:

Mississippi Optometric Association
141 Executive Drive, Suite 5
Madison, MS 39110

Fax to:

ATTN: Sarah Link
(601) 853-4408

Email to:

ATTN: Sarah Link
selink@mseyes.com

If you have any questions about the Industry Sponsor Program, or need additional information, please contact the MOA office.