



## 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.

Visionary -\$10,000  
 Silver -\$5,000

Gold - \$7,500  
 Bronze - \$2,500  
 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.*