

EVENT AUDIT


DATES OF EVENT:

Conference: October 3 – 6, 2007
 Exhibits: October 4 – 6, 2007

LOCATION:

Sands Expo & Conference Center, Las Vegas

EVENT PRODUCER/MANAGER:

Company Name: Reed Exhibitions
 Address: 383 Main Avenue, Norwalk, CT 06851
 Phone: (203) 840-4800
 Website (Show): www.visionexpowest.com

REGISTRATION COMPANY:

ARI, Inc.

YEAR EVENT ESTABLISHED:

1988

FREQUENCY:

Annual

DATES OF NEXT EVENT:

Conference: October 2 – 5, 2008
 Exhibits: October 3 – 5, 2008
 LOCATION: Sands Expo & Conference Center, Las Vegas

1. STATEMENT OF MARKET SERVED

International Vision Expo West serves the eyecare and eyewear professionals and related fields.

Qualified attendees are optometrists, dispensing opticians, ophthalmologists, ophthalmic medical personnel, optometric residents and students, optometric technicians, practice and business managers, optical outlet managers, chain executives, frame buyers, vision assistants, optical laboratory managers and technicians, product buyers at chain headquarters, and others allied to the field.

2. STATEMENT OF VERIFICATION METHODOLOGY:

Advance registrants who received a badge in the mail were required to pick up their badge holder onsite. The registrant was then entered into the system as verified. In addition, scanning guns were used to scan attendees' badges as they entered the exhibit hall, special feature areas, and the conference sessions. Downloaded leads captured by exhibitors were also entered into the system as verified.

3. AUDITED ATTENDEE ANALYSIS

Year which Event was Held	Event Location	Conference Attendees	Exhibit Only Attendees*	Media	Sub-Total: Conference & Exhibit Only Attendees	Verified Exhibitors, Non-Exhibiting Sponsors and their Support Staff**	Total
2007	Las Vegas	4,471	8,681	58	13,210	4,582	17,792
2006	Las Vegas	4,320	8,798	62	13,180	4,721	17,901
2005	Las Vegas	3,959	8,949	81	12,989	4,690	17,679

* Includes speakers.

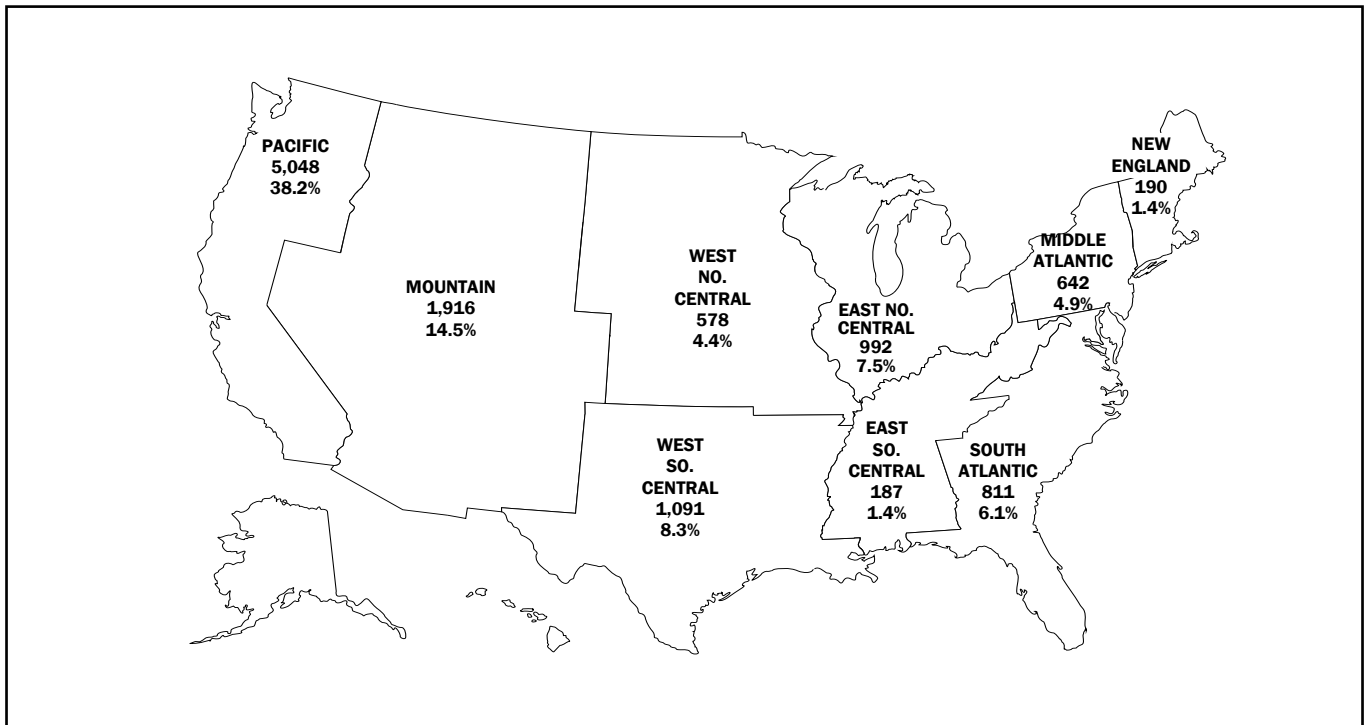
** Not audited. Verified and on-site counts taken from registration database provided by the registration company.

4. TYPE OF BUSINESS/PRACTICE			
TYPE OF BUSINESS/PRACTICE	TOTAL ATTENDEES	PERCENT OF TOTAL	PERCENT IDENTIFIED BY TYPE OF BUSINESS/PRACTICE
Chain/Superstore Corporate Management	399	3.0	3.2
Independent Ophthalmological Practice	1,187	9.0	9.7
Independent Opticianry Chain, 1-5 Locations	1,257	9.5	10.2
Independent Opticianry Chain, 6-10 Locations	74	0.6	0.6
Independent Opticianry Chain, 10+ Locations	91	0.7	0.7
Independent Optometric Practice	5,887	44.6	47.8
Laboratory	472	3.6	3.8
Manufacturer	631	4.8	5.1
Multidisciplinary Practice	429	3.2	3.5
Retail Optical Chain, 1-5 Locations	612	4.6	5.0
Retail Optical Chain, 6-10 Locations	49	0.4	0.4
Retail Optical Chain, 10+ Locations	296	2.2	2.4
Superstore Outlet	30	0.2	0.3
Wholesaler/Distributor	618	4.7	5.0
Student	279	2.1	2.3
Total Conference and Exhibit Only Attendees Identified by Type of Business/Practice	12,311	93.2	100.0
Total Conference and Exhibit Only Attendees Not Identified by Type of Business/Practice	899	6.8	--
TOTAL CONFERENCE AND EXHIBIT ONLY ATTENDEES	13,210	100.0	100.0

5. JOB TITLE/POSITION			
JOB TITLE/POSITION	TOTAL ATTENDEES	PERCENT OF TOTAL	PERCENT IDENTIFIED BY JOB TITLE/POSITION
Buyer	2,204	16.7	17.0
Laboratory Manager	335	2.5	2.6
Laboratory Technician	140	1.1	1.1
Manufacturer's Representative	438	3.3	3.4
Optician, Licensed or Certified	1,830	13.9	14.1
Optician, Non-Certified	810	6.1	6.2
Opticianry Assistant	418	3.2	3.2
Ophthalmologist	133	1.0	1.0
Ophthalmic Medical Personnel-COA	45	0.3	0.3
Ophthalmic Medical Personnel-COT	16	0.1	0.1
Ophthalmic Medical Personnel-COMT	11	0.1	0.1
Ophthalmological Assistant (Non-Certified)	50	0.4	0.4
Ophthalmological Resident	5	<0.1	<0.1
Optometrist	2,975	22.5	22.9
Optometric Technician	558	4.2	4.3
Optometric Resident	10	0.1	0.1
Optometric Student	172	1.3	1.3
Practice/Business Manager	1,163	8.8	9.0
Other	1,677	12.7	12.9
Total Conference and Exhibit Only Attendees Identified by Job Title/Position	12,990	98.3	100.0
Total Conference and Exhibit Only Attendees Not Identified by Job Title/Position	220	1.7	--
TOTAL CONFERENCE AND EXHIBIT ONLY ATTENDEES	13,210	100.0	100.0

6. YOU ARE:			
YOU ARE	TOTAL ATTENDEES	PERCENT OF TOTAL	PERCENT IDENTIFIED BY YOU ARE
Owner	4,481	33.9	36.3
Manager	2,353	17.8	19.1
Employee	4,116	31.2	33.3
Buyer	960	7.3	7.8
Student	437	3.3	3.5
Total Conference and Exhibit Only Attendees Identified by You Are	12,347	93.5	100.0
Total Conference and Exhibit Only Attendees Not Identified by You Are	863	6.5	-
TOTAL CONFERENCE AND EXHIBIT ONLY ATTENDEES	13,210	100.0	100.0

7. AUDITED GEOGRAPHIC BREAKOUT OF CONFERENCE AND EXHIBIT ONLY ATTENDEES			7. AUDITED GEOGRAPHIC BREAKOUT OF CONFERENCE AND EXHIBIT ONLY ATTENDEES		
STATE	TOTAL	PERCENT	STATE	TOTAL	PERCENT
NEW ENGLAND	190	1.4	EAST SO. CENTRAL	187	1.4
Maine	4		Kentucky	60	
New Hampshire	12		Tennessee	60	
Vermont	8		Alabama	42	
Massachusetts	98		Mississippi	25	
Rhode Island	21		WEST SO. CENTRAL	1,091	8.3
Connecticut	47		Arkansas	61	
MIDDLE ATLANTIC	642	4.9	Louisiana	48	
New York	397		Oklahoma	88	
New Jersey	102		Texas	894	
Pennsylvania	143		MOUNTAIN	1,916	14.5
EAST NO. CENTRAL	992	7.5	Montana	42	
Ohio	219		Idaho	69	
Indiana	173		Wyoming	36	
Illinois	256		Colorado	264	
Michigan	232		New Mexico	113	
Wisconsin	112		Arizona	538	
WEST NO. CENTRAL	578	4.4	Utah	196	
Minnesota	177		Nevada	658	
Iowa	83		PACIFIC	5,048	38.2
Missouri	95		Alaska	19	
North Dakota	20		Washington	382	
South Dakota	33		Oregon	171	
Nebraska	62		California	4,365	
Kansas	108		Hawaii	111	
SOUTH ATLANTIC	811	6.1	US States Not Identified	33	0.3
Delaware	7		UNITED STATES	11,488	87.0
Maryland	57		INTERNATIONAL	1,722	13.0
Washington, DC	13		Canada	938	
Virginia	101		Mexico	193	
West Virginia	8		Other International	591	
North Carolina	94		Total Conference & Exhibit Attendees	13,210	100.0
South Carolina	29				
Georgia	83				
Florida	419				



Exhibits Only and/or Continuing Education Registration INTERNATIONAL VISION EXPO

Conference: October 3 – October 6, 2007 Exhibits: October 4 – October 6, 2007
Sands Expo & Convention Center, Las Vegas, NV www.visionexpowest.com

1 Contact Information

First Name _____ Last Name _____
 Job Title _____
 Company _____
 Address 1 _____
 Address 2 _____
 City _____
 State/Prov. _____ Zip+4/Postal Code _____
 Business Telephone (do not include international dialing code) _____
 Fax (do not include international dialing code) _____
 Email _____
 FL OD License # _____ FL Optician License # _____ ARBO/COPE OE Tracker # _____ (OD's only)



2 Your Title/Position

Please check one. (This selection determines your badge category.)

- A Buyer
- B Laboratory Manager
- C Laboratory Technician
- D Manufacturer's Representative
- E Optician, Licensed or Certified
- F Optician, Non-Certified
- G Opticianry Assistant
- H Ophthalmologist
- J Ophthalmic Medical Personnel – COA
- K Ophthalmic Medical Personnel – COT
- M Ophthalmic Medical Personnel – COMT
- N Ophthalmological Assistant (non-certified)
- P Ophthalmological Resident
- Q Optometrist
- R Optometric Technician
- S Optometric Resident
- T Optometric Student
- U Practice/Business Manager
- V Other (please specify) _____

CSF

5 Registration type

Exhibits Only: Before 9/6/07: \$50.00 After 9/6/07: \$75.00 Continuing Education (which includes Exhibits)

6 Registration Packages and A la Carte Selections

Standard Packages	before 9/6/07	after 9/6/07	A la Carte	before 9/6/07	after 9/6/07
Package A – 6 Hours	\$187 <input type="checkbox"/>	\$211 <input type="checkbox"/>	1 Hour	\$60 <input type="checkbox"/>	\$65 <input type="checkbox"/>
Package B – 9 Hours	\$234 <input type="checkbox"/>	\$261 <input type="checkbox"/>	2 Hours	\$85 <input type="checkbox"/>	\$95 <input type="checkbox"/>
Package C – 13 Hours	\$337 <input type="checkbox"/>	\$368 <input type="checkbox"/>	3 Hours	\$115 <input type="checkbox"/>	\$125 <input type="checkbox"/>
Package D – 18 Hours	\$439 <input type="checkbox"/>	\$480 <input type="checkbox"/>	4 Hours	\$145 <input type="checkbox"/>	\$155 <input type="checkbox"/>
Total Office Packages	Office pricing is good throughout the show		5 Hours	\$175 <input type="checkbox"/>	\$185 <input type="checkbox"/>
Package E – 25 Hours	\$575 <input type="checkbox"/>		Optical Boot Camp Level 1** 21-301-S	\$199 <input type="checkbox"/>	\$219 <input type="checkbox"/>
Package F – 35 Hours	\$770 <input type="checkbox"/>		Optical Boot Camp Level 2** 31-301-S	\$139 <input type="checkbox"/>	\$159 <input type="checkbox"/>
Package G – 45 Hours	\$945 <input type="checkbox"/>		Contact Lens Boot Camp** 41-301-S	\$169 <input type="checkbox"/>	\$189 <input type="checkbox"/>
Standard Packages do not include a la carte courses. Hours cannot be combined with another registrant.			NYSOA Update 2120	\$50 members / \$100 non-members	
Total Office Packages do not include a la carte courses. When registering please use same company name, address and zip code and a registration form for each person.			Workshops:* 31-607-V 3 Hours 42-305-S 2 Hours 43-705-V 3 Hours	\$60 per hour	
Other discounts do not apply. Additional hours can be added to any package for \$30 per hour.			FREE Courses* Women Ask for Directions 43-505-V***	FREE	

3 Type of Business/Practice

Please check one.

- A Chain/Superstore Corp. Management
- B Independent Ophthalmological Practice
- C Independent Opticianry Chain, 1-5 locations
- D Independent Opticianry Chain, 6-10 locations
- E Independent Opticianry Chain, 10+ locations
- F Independent Optometric Practice
- G Laboratory
- H Manufacturer
- J Multidisciplinary Practice
- K Retail Optical Chain, 1-5 locations
- M Retail Optical Chain, 6-10 locations
- N Retail Optical Chain, 10+ locations
- P Superstore Outlet
- Q Wholesaler/Distributor

4 You are:

Please check one.

- A Owner
- B Manager
- C Employee
- D Buyer
- E Student

For demographic census purposes, please indicate if you are:

- A Male
- B Female

7 List below the courses you wish to take: Be sure to list all courses you wish to take (including free courses)

Wednesday		Thursday		Friday		Saturday	
Course	Fee	Course	Fee	Course	Fee	Course	Fee

8 * \$40 Continuing Education Registration Processing Fee applies if ONLY registering for Workshops, and/or Free Courses. Registration required for free courses.

** Non-refundable ***No Processing Fee

Processing Fee: \$ _____
 Subtotal: \$ _____
 Grand Total (6-8): \$ _____

9a Method of Payment

Check enclosed (payable to Reed Exhibitions)
 Amount \$ _____
 Charge to:
 AMEX MasterCard VISA

9b Cardholder's Name (please print)

Account # _____
 Expiration Date _____
 Cardholder's Signature _____
 (I agree to pay the above total amount according to my card issuer agreement.)

Four Ways To Register

On-Line: www.visionexpowest.com
Phone: Call 800-811-7151 for conference registration only. Be sure to have your credit card handy.
By fax: Fax this registration form to 972-620-3099. Please include your phone number in case we have questions. Method of payment by credit card only.
By mail: Send this registration form to: International Vision Expo West, c/o ARI, 350 East Royal Lane, Suite 100, Irving TX, 75039-3105. **Important:** The Preregistration cut-off date is 9/6/07. To receive your badge and course tickets in the mail, registrations must be postmarked by 9/6/07. Registrations received after 9/6/07 will be processed; however, badges and course tickets will need to be picked up on-site.
 We collect this data in order to provide you with information about International Vision Expo and other companies in your industry. If you prefer not to receive further information, please see our Privacy Statement at <http://www.visionexpo.com> or call our Privacy Administrator at 888-306-2344, or from outside the US at 203-840-5810.

Two Corporate Drive, Ninth Floor
Shelton, CT 06484-6259
Phone: +1 203.447.2800
Fax: +1 203.447.2900
www.bpaww.com



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7 Hendrickson Avenue
Red Bank, NJ 07701
Phone: +1 800.224.3170
Fax: +1 732.741.5704
www.exhibitsurveys.com



Founded in 1963, Exhibit Surveys, Inc. is a full service research firm dedicated to providing market intelligence and measurement for the exhibition and events marketing industry. Having researched over 10,000 exhibits and over 4,000 events, Exhibit Surveys, Inc. has led the industry in developing the most comprehensive database of normative data for events and the most sophisticated diagnostic and measurement tools available.

STATEMENT OF CERTIFICATION – AUDIT CONDUCTED BY EXHIBIT SURVEYS, INC.

We have examined the attendee records of subject show/event for the date and location of the show/event as reported in this Exhibit Surveys, Inc. Event Audit Report. Our examination was made in accordance with generally accepted event auditing standards. This audit complies with standards set forth by the Exhibition and Event Industry Audit Commission (EEIAC), a not for profit commission organized for the purpose of managing and overseeing the exhibition industry's independent audit process. The audit process includes pre-event review of systems, post event confirmations of attendance, examination of accounting records, and any other auditing procedures considered necessary.

Based on such examinations, the statements set forth in this report present fairly and accurately the total attendance of this event in conformance with generally accepted event measurement principles.

Exhibit Surveys, Inc.
Red Bank, NJ