

Time to Get “Focused”
Register early and save \$60.00!



18th Annual
“Focus” on Vision Impairment
& Blindness Conference

Meeting the Needs of Individuals with
Intellectual Disability & Vision Loss

Please accept this invitation to join us as an exhibitor for the **18th** annual
“Focus” On Vision Impairment & Blindness Conference: Meeting the
Needs of Individuals with Intellectual Disability and Vision Loss.

Tuesday October 6, 2026

8am – 4pm

Four Points by Sheraton in Norwood, Massachusetts.

Questions: Contact Georgia Wattendorf

Email: Georgia.wattendorf@mass.gov

Phone: 508-384-5660

Register Online and Pay by Credit Card:
<https://lp.constantcontactpages.com/ev/reg/cbmvv5v>

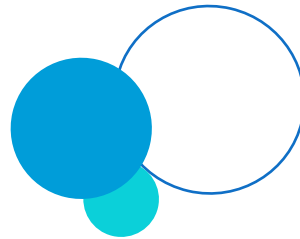
Registration Details

We expect over 400 attendees including eye care professionals, clinicians, family members, service providers from day and residential programs, nurses, and advocates for individuals with intellectual disability and vision loss. The Collaborating Partners charged with organizing the day include Perkins School for the Blind, Boston University Chobanian and Avedisian School of Medicine, Shriver Clinical Services Corporation, New England College of Optometry, Massachusetts Commission for the Blind, and Massachusetts Department of Developmental Services.

Register by July 31, 2026 and save \$60 on your registration fee.

Fee for profit businesses is \$165.00 if postmarked BEFORE July 31, 2026.
(\$225 after July 31, 2026)

Fee for non-profit agencies is \$105.00 if postmarked BEFORE July 31, 2026.
(\$165 after July 31, 2026)



Registration includes:

- One 6-foot table in the exhibit area, access to electrical outlet and Wi-Fi.
 - **Additional tables \$30.00 each.**
- One lunch in the main ballroom along with all conference attendees, presenters, sponsors, etc.
 - **Additional Lunches \$65.00 each.**
- The opportunity to present your product(s) or service(s) during a 12 to 15-minute segment in a concurrent session room conveniently located in the exhibit area (Essex-Lenox Jr. Ballroom). This one-hour concurrent session will feature 3 other vendors also presenting 12–15-minute segments. *Due to a high demand in wanting to present a third concurrent session has been added this year.* The session is open to all conference attendees and offered from 10:00am-11:00am, 11:15am-12:15pm and 2:30pm-3:30pm. **Please get your registration in as early as possible as these slots are limited.**



Additional Information

Reduced room rate per night of \$175.00 plus tax is available at the Four Points by Sheraton, Norwood, phone: 781-769-7900. Please mention Vision and Vision Loss Service, Focus Conference or Shriver Clinical Services when making your reservation. Rooms at this rate will be held until Sept. 9th, 2026.

Should you have any questions, please contact me. If you are unable to attend, but would like to send promotional materials, please contact me for the shipping address.

We look forward to hearing from you.

Sincerely,

Georgia Wattendorf Guiney M.Ed., COMS, Department of Developmental Services

Office: 508-384-5660 Email: Georgia.Wattendorf@mass.gov

Conference Agenda

| | |
|------------------|--|
| 7:00 – 8:00am | Exhibit Set Up |
| 8:00 – 8:30am | Networking & Exhibits Open |
| 8:30 – 8:45am | Welcome Remarks |
| 8:45 – 9:45am | Keynote: TBD |
| 9:45 - 10:00am | Exhibits Open |
| 10:00 – 11:00am | 1 st Concurrent Session (4 VENDOR PRESENTATION session) |
| 11:00 – 11:15 am | Exhibits Open |
| 11:15 – 12:15pm | 2 nd Concurrent Session (4 VENDOR PRESENTATION session) |
| 12:30 – 1:00pm | Pre-lunch Awards and Remarks/ Exhibits Open |
| 1:00 – 2:00pm | Lunch |
| 2:00 – 2:30pm | DEDICATED Exhibits Session |
| 2:30 - 3:30pm | 3 rd Concurrent Session (4 VENDOR PRESENTATION session) |
| 3:30– 4:00pm | Exhibits Open & Refreshments |
| 3:40– 4:00pm | Closing Presentation / Raffle |

Register and Pay by Credit Card:

<https://lp.constantcontactpages.com/ev/reg/cbmvv5v>



Exhibitor Paper Registration Form

If Paying by Check or requesting an Invoice, please use this form.

“Focus” On Vision Impairment & Blindness
Meeting the Needs of Individuals with Intellectual Disability and Vision Loss
Tuesday October 6, 2026
Four Points by Sheraton, Norwood, Massachusetts

Name(s) (as each should appear on nametag):

Business/Agency, Address, & Website:
(as it should appear in the conference program)

Email Address (to be used for confirmation of registration):

Would you be interested in doing a 12–15-minute presentation about your agency’s/company’s products and services?

All efforts will be made to accommodate your preferred time. The spots are available on a first come basis.

- Yes**, during the first concurrent session (10:00 am - 11:00 am)
4 spots available
- Yes**, during the second concurrent session (11:15 am – 12:15 pm)
4 spots available
- Yes**, during the third concurrent session (2:00 pm - 3:00 pm)
4 spots available
- No**, not interested in presenting.

If presenting, what product and/or service will be the topic of your 12–15-minute presentation?

Continued on next page →

Lunch (one meal) included with registration.

Additional lunch = \$65.00 each.

Lunch Choices:

- **Grilled Chicken Piccata*** - Rice Pilaf, Asparagus, & Baby Carrots ***Gluten Free and Dairy Free-**
- **Vegetable Napoleon****- Mixed Vegetable Stack with Mozzarella cheese & Marinara Sauce **** Gluten Free and Vegetarian, Vegan available upon request)**

Please indicate Name, Lunch Choice, and Allergies for each person attending.

Lunch 1 (included with registration)

Name: Chicken Veg

Food allergies:

Lunch 2 (Additional Lunch, \$65):

Name: Chicken Veg

Food allergies:

Lunch 3 (Additional Lunch, \$65):

Name: Chicken Veg

Food allergies:

Lunch 4 (Additional Lunch, \$65):

Name: Chicken Veg

Food allergies:

Table One 6 ft. skirted table included with fee. **Additional tables = \$30/table**

Total Tables Needed:

Access to an outlet required? NO YES

Will you provide a raffle item? NO YES

If yes, please include item description:

Continue to next page for payment information →

Payment

Fee* for profit businesses is **\$165.00** if postmarked **BEFORE July 31, 2026**
(\$225 after July 31, 2026)

Fee* for non-profit agencies is **\$105.00** if postmarked **BEFORE July 31, 2026**
(\$165 after July 31, 2026)

Fee: _____

Additional Lunches: _____ X \$65 = _____
(1 included with fee)

Additional 6' Tables: _____ X \$30 = _____
(1 included with fee)

TOTAL Registration Cost: _____

Check Enclosed? NO YES

Would you like an invoice? NO YES

If Invoice requested, who should we send this invoice to?

Name:

Address:

Please make checks payable to **Shriver Clinical Services Corp and mail check
and registration form to:**

Georgia Wattendorf
Wrentham Developmental Services
131 Emerald Street
Wrentham, MA 02093