



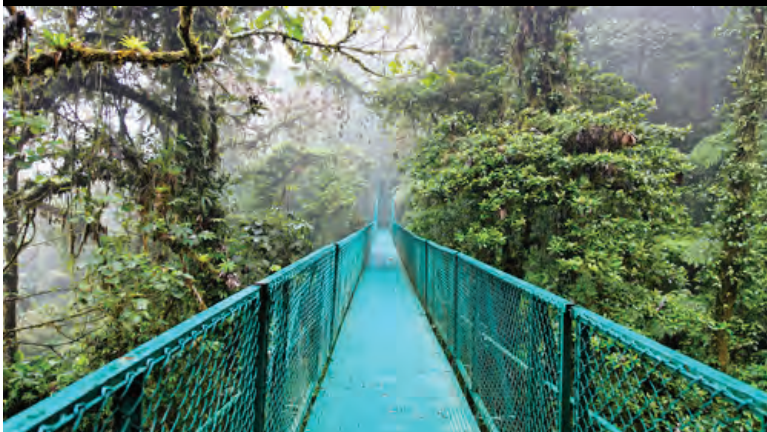
**January 11,
2019**

Physician
Administrator
Technician
Programs

**CSEP Scientific Programs and
Technology Expo
Vision Quest**

Aqua Turf Club • 556 Mulberry Street, Plantsville, CT

**Over 500 Attendees
Exhibit Hours
8 am - 5 pm**



www.connecticutsocietyofeyephysicians.com

WELCOME

Dear Exhibitor,

Connecticut Society of Eye Physicians Scientific Meeting & Vendor Expo is now offering the most comprehensive and stimulating array of ophthalmology information and technology ever assembled.

This meeting, in addition to outstanding scientific lectures, retina, cornea, cataracts, ocular, pediatric ophthalmology which includes a stimulating socio-economic program designed to address issues including Medical Liability, HIPAA, Coding, Compliance and Telemedicine.

This state-of-the-art meeting also features panel discussions with national educators on controversial issues and surgical techniques, award lectures on drug therapies and other instructional CME presentations, designed to address education gaps presented by members and reviewed by our education committee.

The scientific program will highlight some of the latest clinical innovations and technological developments. (See agenda for more details, which are in compliance with ACCME commercial support for these activities). To view these standards go to: <http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support>.

The annual meeting presents a unique opportunity for you to interact with the members of CSEP over 300 strong, an organization representing over 92% of ophthalmologists practicing in Connecticut and display your innovations and drug therapies.

The exhibition floor is designed to maximize physician-representative interaction, with plenty of exhibit time during the course of the program provided in the agenda. In addition, industry friends are invited to attend the scientific sessions and to participate in all planned non-CME social events.

In this prospectus, you will find information on other digital advertising opportunities as well as other opportunities.

Your support as an exhibitor is vital to the success of our meeting. Our goal is for you to return to your company confident that you earned an outstanding return on your exhibiting investment.

Mark you calendar and register for this well attended Annual Meeting.

We look forward to seeing you at the Aqua Turf.

With best regards,

Deborah Osborn

Executive Director

DIRECTIONS TO THE AQUA TURF CLUB

I-84 East from Waterbury - Take Exit 28, take a right onto Route 322. Go straight, under second underpass take a left at the car wash onto Old Turnpike Road. At the first stop sign, take a right onto Mulberry Street. The Aqua Turf Club is located 1/2 mile on the right.

I-84 West from Hartford - Take Exit 29 (left hand exit). At the end of the exit will be a light. Take a left and go to your next light (just before Gene's Restaurant), take a right onto Mulberry Street. Go approximately one mile down the road. The Aqua Turf Club will be on your right.

From I-91 or the Merritt Parkway - Take Route 691 West toward Waterbury. Take exit 4 (Southington), take a right. At the bottom of the hill (McDonald's on the corner), take a right onto South End Road. Follow until you come to Mulberry Street on the left. The Aqua Turf Club is on Mulberry Street approximately 1/4 mile on the left.

**If you plan to ship your booth or display - Shipping Address and phone contact:
The Aqua Turf Club, 556 Mulberry Street, Plantsville, CT 06479 • Phone: 860-621-9335**

CSEP ELECTRICAL AND ADVERTISING FORM

Please complete this form for your electrical requirements. **IMPORTANT:** Please notify us if special wattage and amperage is required. One single outlet is defined as 110 volt, alternating current, maximum 1000 watts.

MAXIMUM 15 AMPS. (MUST SPECIFY AMPERAGE REQUIRED FOR EACH OUTLET ORDERED). Please contact Debbie Osborn at cell 860-459-4377, CSEP 860-567-3787, fax 860-567-3591 if additional or special outlets are needed.

Name of Company: _____

Billing Address: _____
(Street, City, State, Zip Code)

Representative Name: _____
(Please print)

Authorized Signature: _____

Representative Cell Phone: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

* **Required** TYPE OF EQUIPMENT TO BE UTILIZED: _____

TOTAL # OF SINGLE (NOT DUPLEX) OUTLETS REQUIRED: # _____ amperage (please specify)

PRICING:

| | |
|---------------------------------------|-----------------------------|
| 1 Outlet (single/not duplex) \$125.00 | 2 Outlets (Double) \$150.00 |
| 3 Outlets (Triple) \$175.00 | 4 Outlets (Quad) \$200.00 |

Sub total: _____ 6.35% CT sales tax: _____ BALANCE DUE: _____

*Important: This form and payment must be received 30 days prior to the event to receive electrical services. The facility engineer may refuse connections where wiring is not in accordance with the CT State Safety Codes. Exhibitors are responsible for providing their own surge protectors.

ADVERTISING RATES (4-COLOR PROCESS)

Program Book (4.875" x 5.25") Exhibitors Non-exhibitors

| | | |
|-----------------------|-------|---------|
| 1/2 Page (horizontal) | \$600 | \$1,000 |
| Full page (vertical) | 750 | 1,500 |
| 2 page spread | 1,000 | 2,750 |

8.5" x 11" Insert* Exhibitors Non-exhibitors

| | | |
|----------------|---------|---------|
| 2 Page Insert* | \$1,000 | \$2,750 |
| 4 Page Insert* | 1,500 | 3,500 |

* Rates shown are for printed inserts provided by the advertiser. For additional information contact debbieosborn36@yahoo.com

Premium Positions (4.875" x 5.25") Exhibitors Non-exhibitors

| | | |
|----------------------------------|---------|---------|
| Inside front cover & facing page | \$1,500 | \$2,500 |
| Page facing table of contents | 1,250 | 2,000 |
| Inside back cover | 1,250 | 2,000 |
| Outside back cover | 1,500 | 2,250 |

Ad specifications for Program Book: Single page 3.875" x 5.25", High Resolution pdf with all type set to outline.

Art Deadline 45 days prior to event.

Ad close & Payment Deadline 30 days prior to the event.

PLEASE NOTE: To receive a 10% advertiser discount for this program advertising commitment and payment must be received prior to 3 months of the event.

Please make checks payable to CSEP
PO Box 854, Litchfield, CT 06759 Fax: 860-567-3591 • Debbie Osborn Cell: 860-459-4377
Or email credit card payment to debbieosborn36@yahoo.com

CSEP EXHIBITOR LEVELS

Island Display

Double Titanium Level \$20,000 before November 10, 2018 – \$22,000 after November 10, 2018

50% Deposit (plus 6.35% CT sales tax) **is due by November 10, 2018**

Balance (plus 6.35% CT sales tax) **is due December 10, 2018**

Include either two 10x20 center island booths (one in M.D.s exhibit hall and one in Technician's exhibit hall or one premier 15x20 booth in the M.D. exhibit hall.) Islands come with unlimited chairs, sign, electricity, and unlimited free internet, **10 exhibitor badges.**

In addition a 2-page flier will be included in the physician's packet and company name will be on the signature cards.

Titanium level \$10,000 before November 10, 2018 – \$11,000 after November 10, 2018

50% Deposit (plus 6.35% CT sales tax) **is due by November 10, 2018**

Balance (plus 6.35% CT sales tax) **is due December 10, 2018**

Include a 10x20 center island, with two tables, four chairs, sign, electricity, unlimited free internet and **6 exhibitor badges.**

In addition a 2-page flier will be included in the physician's packet and company name will be on the signature cards.

BOOTH DISPLAY

Platinum level \$5,500 before November 10, 2018 – \$6,000 after November 10, 2018

50% Deposit (plus 6.35% CT sales tax) **is due by November 10, 2018**

Balance (plus 6.35% CT sales tax) **is due December 10, 2018**

Includes 10x10 wall space booth, with one table, two chairs, sign and **2 exhibitor badges** for attendees.

Additional badges can be purchased for \$ 450.00 per attendee.

Gold level \$3,000 before November 10, 2018 – \$3,300 after November 10, 2018

50% Deposit (plus 6.35% CT sales tax) **is due by November 10, 2018**

Balance (plus 6.35% CT sales tax) **is due December 10, 2018**

Includes 8x10 Corner wall space booth, with one table, two chairs, sign and **1 exhibitor badge** for attendee.

Additional badges can be purchased for \$ 450.00 per attendee.

Silver level \$1,295 before November 10, 2018– \$1,595 after November 10, 2018

50% Deposit (plus 6.35% CT sales tax) **is due by November 10, 2018**

Balance (plus 6.35% CT sales tax) **is due December 10, 2018**

Includes 8x6 wall space booth, with one table, two chairs and **1 exhibitor badge** for attendee.

Additional badges can be purchased for \$450.00 per person.

Late fees apply to all levels of exhibit space after designated date for late registration.

All Exhibitors

Please note: effective October 1, 2015 CT state sales tax will be charged. Booths must be set up one hour prior to physician's registration. Space is very limited so please reserve your space as soon as possible. **Booths will not be held without a Deposit and signed Agreement. Booth Space Deposit is non-refundable.** Upon completion of this form, both parties enter a binding legal contract. Please contact The Aqua Turf Club, 556 Mulberry Street, Plantsville, CT 06479 for shipping arrangements of your booth - phone 860-621-9335. **If names for badges are not received by December 10, 2018 there will be a \$25.00 charge per name per badge.**

Name Badges

Please provide name(s) of company representative who will attend. (please print legibly)

Badges included with your booth - Attendee Names:

Additional Badges \$450.00 each - Attendee Names:

CSEP CONTRACT AND PAYMENT FORM - JANUARY 11, 2019

I, _____ as authorized representative for _____
(please print) (company name as you wish it to appear in program)

accept the following conditions of the

- Double Titanium \$20,000 before November 10, 2018 After November 10, 2018 \$22,000** (plus 6.35% tax),
- Titanium \$10,000 before November 10, 2018 After November 10, 2018 \$11,000** (plus 6.35% tax),
- Platinum \$5,500 before November 10, 2018 After November 10, 2018 \$6,000** (plus 6.35% tax),
- Gold \$3,000 before November 10, 2018 After November 10, 2018 \$3,300** (plus 6.35% tax)
- Silver \$1,295 before November 10, 2018 After November 10, 2018 \$1,595** (plus 6.35% tax),
(please check appropriate exhibitor level)

Signature of Authorized Card Holder

Company Name (please print)

Attending Representative Name (please print)

Company Accounting Email

Representative Cell Phone #

Telephone #

Representative Email Address

Fax #

Deborah Osborn

CSEP Authorized Signature

CSEP Tax ID#: 23-7452113

CSEP • 26 Sally Burr Road • PO Box 854 • Litchfield, CT 06759

Fax 860-567-3591 • Phone 860-567-3787

email debbieosborn36@yahoo.com • Debbie Osborn Cell phone 860-459-4377

Credit Card Payment Form

_____ Visa _____ Mastercard _____ American Express

_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____
(16 digit card number)

_____/_____/_____
(Expiration date)

Billing Zip * Required

Security Codes

_____/_____/_____
*3 digit # that appears on the back of the MC/VISA card

_____/_____/_____/_____
*4 digit # that appears on the front of AMEX card

***These numbers are needed to run payment through with a merchant discount**

\$ _____ Booth Amount

\$ _____ Additional Attendee Badges (\$450.00 each)

\$ _____ Electrical Amount (if requested) \$ _____ Total

\$ _____ 6.35% CT sales tax charged

\$ _____ Total amount charged including tax

(Card holder name)

(Card holder signature)

(Card holder address)

*

*** Required - (Billing Address City - State - Zip Code)**

Please fill out completely!

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

| | | |
|--|--|--|
| | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <div style="text-align: center; font-size: 1.2em;">Connecticut Society of Eye Physicians</div> | |
| | 2 Business name/disregarded entity name, if different from above | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i> |
| | 5 Address (number, street, and apt. or suite no.) See instructions. <div style="text-align: center; font-size: 1.2em;">26 Sally Burr Road</div> | Requester's name and address (optional) |
| | 6 City, state, and ZIP code <div style="text-align: center; font-size: 1.2em;">Litchfield, CT 06759</div> | |
| | 7 List account number(s) here (optional) | |

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | | |
| | | | | | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 2 | 3 | - | 7 | 4 | 5 | 2 | 1 | 1 | 3 |

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ *Deborah Osborn*

Date ▶ March 22, 2018

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.