



Connecticut Society of Eye Physicians Vendor Expo

P.O. Box 854, 26 Sally Burr Road
Litchfield, CT 06759
Tel. (860) 567-3787 Fax (860) 567-3591
debbieosborn36@yahoo.com
www.connecticutsocietyofeyephysicians.com

Double Titanium Exhibitor Agreement Form

Fax to 860-567-3591 or Email debbieosborn36@yahoo.com

Date: Friday, January 13, 2017

Place: The Aqua Turf Club, Plantsville, Connecticut

Time: Vendors must have booths set up by 7:00 a.m., Physician Registration is at 7:45 a.m.

Cost: \$20,000. (plus 6.35% CT sales tax) after November 30, 2016 the cost is \$22,000. (plus 6.35% CT sales tax)

A \$10,000.00 (plus 6.35% CT sales tax) deposit is due by October 31, 2016. Remaining balance is due by November 30, 2016. Booths will not be held without a deposit and a signed Agreement. Deposits are non-refundable.

As a Double Titanium Exhibitor you will be assigned 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.

As a Double Titanium Exhibitor I accept the fee of \$20,000.00 (plus 6.35% CT sales tax) which must be paid in full by November 30, 2016. Space is very limited so please reserve your space as soon as possible. Booth Space is non-refundable. Upon completion of this form, both parties enter a binding legal contract.

I, _____ as authorized representative

for _____ (company name as you wish it to appear in program)

accept the following conditions of the Titanium Exhibitor position.

Signature of Authorized Representative

Company Name

Rep. Name

Address

Title

Telephone #

Company Name

Fax #

Deborah Osborn
CSEP Authorized Signature

Email Address

CSEP Fax # to reserve space: 860-567-3591

CSEP Non-profit Tax ID # 23-7452113