



Connecticut Society of Eye Physicians Vendor Expo

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Silver 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: \$1,295.00 (plus 6.35% CT sales tax) after November 30, 2016 the cost is \$1,595. (plus 6.35% CT sales tax)

A 50% deposit (plus 6.35% CT sales tax) is due by October 31, 2016. Remaining balance is due by November 30, 2016.
Booths will not be held without a deposit and signed Agreement. Deposits are non-refundable.

As a Silver Exhibitor you will be assigned an 8x6 wall space booth, with one table, two chairs, listing of company in program book and 1 badge for attendee to attend the buffet lunch in exhibit hall, additional badges can be purchased for \$450.00 per person for the lunch and educational program.

As a Silver Exhibitor I accept the fee of \$1,295 (plus 6.35% CT sales tax) which must be paid in full 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. Please note that electrical is not included, but is available at a separate cost.

I, _____ as authorized representative

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

accept the following conditions of the Silver Exhibitor position.

Signature of Authorized Representative

Company Name

Rep. Name

Address

Title

Telephone #

Company Name

Fax #

CSEP Authorized Signature

Email Address

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

CSEP Non-profit Tax ID # 23-7452113