

**Connecticut Society of Eye Physicians**

**Scientific  
Program  
and  
Technology  
Expo**

**JANUARY 13, 2017**

**Aqua Turf Club • 556 Mulberry Street • Plantsville, CT**

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 Semi- 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**



# 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](mailto: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. Enclose ad and Payment 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](mailto:debbieosborn36@yahoo.com)

# CONTRACT AND PAYMENT FORM

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 After Nov. 30 \$22,000** (plus 6.35% tax),  
 **Titanium \$10,000 After Nov. 30 \$11,000** (plus 6.35% tax),  
 **Platinum \$5,500 After Nov. 30 \$6,000** (plus 6.35% tax),  
 **Gold \$3,000 After Nov. 30 \$3,300** (plus 6.35% tax),  **Silver \$1,295 After Nov. 30 \$1,595** (plus 6.35% tax),  
(please check appropriate exhibitor level)

\_\_\_\_\_  
Signature of Authorized Card Holder

\_\_\_\_\_  
Company Name (please print)

\_\_\_\_\_  
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 Code \* 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

\$ \_\_\_\_\_ 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!**

# EXHIBITOR LEVELS

## Island Display

**Double Titanium Level \$20,000 – \$22,000 • After November 30, 2016**

**50% Deposit (plus 6.35% CT sales tax) is due by October 31, 2016**

**Balance (plus 6.35% CT sales tax) is due November 30, 2016**

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.

**Titanium level \$10,000 – \$11,000 • After November 30, 2016**

**50% Deposit (plus 6.35% CT sales tax) is due by October 31, 2016**

**Balance (plus 6.35% CT sales tax) is due November 30, 2016**

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

## BOOTH DISPLAY

**Platinum level \$5,500 – \$6,000 • After November 30, 2016**

**50% Deposit (plus 6.35% CT sales tax) is due by October 31, 2016**

**Balance (plus 6.35% CT sales tax) is due November 30, 2016**

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

**Gold level \$3,000 – \$3,300 • After November 30, 2016**

**50% Deposit (plus 6.35% CT sales tax) is due by October 31, 2016**

**Balance (plus 6.35% CT sales tax) is due November 30, 2016**

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 – \$1,595 • After November 30, 2016**

**50% Deposit (plus 6.35% CT sales tax) is due by October 31, 2016**

**Balance (plus 6.35% CT sales tax) is due November 30, 2016**

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.

## Name Badges

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

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