



**Exhibit/Sponsor
Prospectus**

CME and vision expo for Ophthalmologists, Technicians and Nurses

Topics include:

IOL formulas and choosing the right lens
Corneal Transplants- today and tomorrow
Fixing Common Iris Problems
Glaucoma in 2026
Common Mistakes in Caring for the
Neuro-ophthalmology Patient
Macular Degeneration Cases and Treatments
Uveitis Management and New Findings
Macular imaging
Business and Innovation of Ophthalmology

7.0 Hours of CME

Ophthalmic Scientific Program

June 12 2026

8:00 am - 5:00 pm

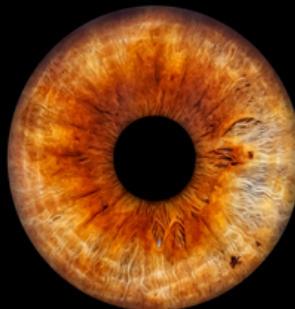
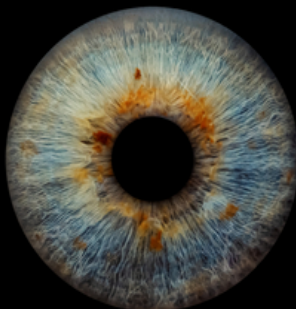
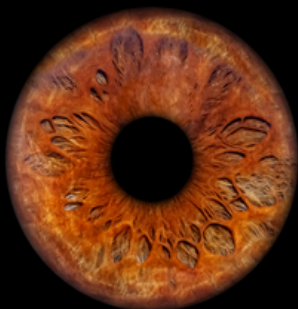
Speakers: Kourtney Houser,MD,
Dick Lindstrom,MD, Yasha Modi,MD,
Robert Osher,MD, Vivek Patel,MD,
Michael Snyder,MD, Sunil Srivastava,MD,
James Tsai,MD, Liliana Warner,MD,
Mitch Weikert,MD

Moderators:

Mike Snyder, MD

Sunil Srivastava, MD

www.connecticutsocietyofeyephysicians.com



David Parke Lifetime Achievement Lecture- Robert Osher, MD

CSEP EXHIBITOR AGREEMENT JUNE 12, 2026

THE AQUA TURF CLUB • 556 MULBERRY STREET • PLANTSVILLE, CT

Titanium Exhibit \$10,000 before April 30, 2026 – \$11,000 (plus 6.35% CT sales tax)

(plus 6.35% CT sales tax) 50% Deposit is due by April 30, 2026 Balance (plus 6.35% CT sales tax) is due May 25, 2026

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. (see below)*

Platinum Exhibit \$5,000 before April 30, 2026 (plus 6.35% CT sales tax)

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 Exhibit \$3,000 before April 30, 2026 (plus 6.35% CT sales tax)

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 Exhibit \$1,495 before April 30, 2026 (plus 6.35% CT sales tax)

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 of 20% will apply to all levels of exhibit space after designated date for late registration.

** 2-page exhibitor flier with exhibitor floor plan will be included in the physician's packet and company name will be on the signature cards which will be used by physicians to ask for more product information.*

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 April 30, 2 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 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: 860-567-4174 • Debbie Osborn Cell: 860-459-4377
Or email credit card payment to debbieosborn36@yahoo.com

CSEP SPONSOR OPPORTUNITIES

Platinum Sponsor (one spot available)

Cost: \$10,000 (plus 6.35% CT sales tax \$635) if signed contract is received by March 1, 2026.

\$11,000 (plus 6.35% CT sales tax \$698.50) if contract or payment is received after March.1, 2026.

Platinum level recognition in CSEP e-communications, final program, during conference and website (including logo).

- Sponsored 45 minutes Product Theater - June 12, 2026
- Full page advertisement in the CSEP newsletter
- 2 approved targeted email blasts to CSEP membership
- Logo, link and description on CSEP website (max 200 words)
- Banner name sign in expo hall
- 6 representative registrations

Platinum Sponsor (one spot available) Technicians Program

Cost: \$2500 (plus 6.35% CT sales tax \$ 158.75) if signed contract is received by April 1, 2026.

\$3000 (plus 6.35% CT sales tax \$190.50) if signed contract is received after April 2, 2026

- * Sponsored 30 minute Product theater
- * 4 Representative badges

Best leaders in ophthalmology teaching over 500 attendees at this regional event

Only 30 exhibitors- so register today



CSEP Exhibitor SPONSORSHIP CONTRACT & PAYMENT FORM June 12, 2026

I, _____ as authorized representative I accept the following conditions of the Sponsorship and or Exhibitor Agreement

Signature of Authorized Card Holder

Company Name (please print)

Representative Name (please print legibly)

Company Accounting Email Address

Title

City State Zip

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 860-567-4174 • 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

(Card holder signature)

****These numbers are needed to run payment through a 4 society cc merchant account***

\$ _____ Sponsorship Amount

\$ _____ Exhibitor Amount

\$ _____ 6.35% CT sales tax charged

Additional Number of Reps attending at \$450 each # _____

Total: \$ _____

NAMES: _____

\$ _____ **Total amount charged including tax**

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.

Connecticut Society of Eye Physicians

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.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

26 Sally Burr Road

6 City, state, and ZIP code

Litchfield, CT 06790

Requester's name and address (optional)

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 ► **Jan 3, 2026**

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.