

Connecticut Society of Eye Physicians
Vendor Expo
P.O. Box 854, 26 Sally Burr Road, Litchfield, CT 06759
860-567-3787 FAX: 860-567-3591
Email: debbieosborn36@yahoo.com www.connecticutsocietyofeyephysicians.com

Gold Exhibitor Agreement

Date: Friday, June 14, 2013
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: \$3,000.00 \$ 3,200.00 after April 1, 2013

A \$1,500.00 deposit is due by March 1, 2013. Remaining balance is due by April 1, 2013. Booths will not be held without a deposit. Deposits are non-refundable.

As a Gold Exhibitor you will be assigned an 8x10 booth with good physician traffic. In addition, you will receive one page Ad space in the program book and annual directory at no additional charge. Camera ready art work must be sent by March 15, 2013 CSEP, P.O. Box 854, Litchfield, CT 06759. One lunch pass to dine with the physicians will also be included in the exhibitor fee. The lunch is in a separate area from CME venue.

As a Gold Exhibitor I accept the fee of \$3,000.00 which must be paid in full by April 1, 2013. 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 Gold Exhibitor position.

Signature of Authorized Representative

Street Address

Rep. Name (please print)

City

Title

Telephone #

Company Name (Please print)

Fax#

CSEP Authorized Signature

Email address:

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

CSEP's non-profit Tax ID#: 23-7452113