

Connecticut Society of Eye Physicians

Vendor Expo

P.O. Box 854, 26 Sally Burr Road

Litchfield, CT 06759

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Platinum 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: \$5,000.00 after April 1, 2013 cost is 5,500.00

A \$2,500.00 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 Platinum Exhibitor you will be assigned premium 10x10 and have your name listed on signature cards to insure maximum physician exposure. In addition, you will receive two pages of Ad space in the program book and annual directory at no additional charge. Camera ready art work must be sent by March 15, 2013 to CSEP, P.O. Box 854, Litchfield, CT 06759. Lunch passes with physicians will be provided for two of your representatives at no additional charge

As a Platinum Exhibitor I accept the fee of \$5,500.00 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 Platinum Exhibitor position.

Signature of Authorized Representative

Company

Rep. Name (please print)

Address

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