

Connecticut Society of Eye Physicians Vendor Expo

P.O. Box 854, 26 Sally Burr Road Litchfield, CT 06759 Tel. (860) 567-3787 Fax (860) 567-3591 debbieosborn36@yahoo.com www.connecticutsocietyofeyephysicians.com

Double Titanium Exhibitor Agreement Form

Fax to 860-567-3591 or Email debbieosborn36@yahoo.com

Date: Friday, June 9, 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: \$20,000. (plus 6.35% CT sales tax) after March 30, 2017 the cost is \$22,000. (plus 6.35% CT sales tax)

A \$10,000.00 (plus 6.35% CT sales tax) deposit is due by February 28, 2017. Remaining balance is due by March 30, 2017. Booths will not be held without a deposit and a signed Agreement. Deposits are non-refundable.

As a Double Titanium Exhibitor you will be assigned 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.

As a Double Titanium Exhibitor I accept the fee of \$20,000.00 (plus 6.35% CT sales tax) which must be paid in full by March 30, 2017. 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.

1,	as authorized representative
for	(company name as you wish it to appear in program)
accept the following conditions of the Titanium	Exhibitor position.
Signature of Authorized Representative	Company Name
Rep. Name	Address
Title	Telephone #
Company Name	Fax #
CSEP Authorized Signature	Email Address