



Connecticut Society of Eye Physicians Vendor Expo

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Gold 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: \$3,000. (plus 6.35% CT sales tax) after March 30, 2017 the cost is \$3,300. (plus 6.35% CT sales tax)

A \$1,500.00 (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 signed Agreement.

Deposits are non-refundable.

As a Gold Exhibitor you will be assigned an 8x10 Corner wall space booth, with one table, two chairs, sign and 1 badge for attendee to attend the education program and buffet lunch in exhibit hall, additional badges can be purchased for \$450.00 per attendee.

As a Gold Exhibitor I accept the fee of \$3,000.00 (plus 6.35% CT sales tax) which must be paid in full 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. 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

Company Name

Rep. Name

Address

Title

Telephone #

Company Name

Fax #

Deborah Osborn

CSEP Authorized Signature

Email Address

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

CSEP Non-profit Tax ID # 23-7452113