



# Connecticut Society of Eye Physicians Vendor Expo

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## Silver 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: \$1,295.00 (plus 6.35% CT sales tax) after March 30, 2017 the cost is \$1,595. (plus 6.35% CT sales tax)**

A 50% deposit (plus 6.35% CT sales tax) 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 Silver Exhibitor you will be assigned an 8x6 wall space booth, with one table, two chairs, listing of company in program book and 1 badge for attendee to attend the buffet lunch in exhibit hall, additional badges can be purchased for \$450.00 per person for the lunch and educational program.

As a Silver Exhibitor I accept the fee of \$1,295 (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 Silver Exhibitor position.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Rep. Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Fax #

*Deborah Osborn*  
\_\_\_\_\_  
CSEP Authorized Signature

\_\_\_\_\_  
Email Address