



# 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, January 13, 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 November 30, 2016 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 October 31, 2016.

Remaining balance is due by November 30, 2016. 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 November 30, 2016. 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 #

\_\_\_\_\_  
CSEP Authorized Signature

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

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

**CSEP Non-profit Tax ID # 23-7452113**