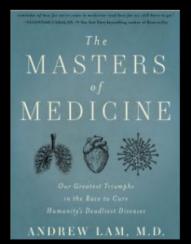


Connecticut Society of Eye Physicians Scientific CME Regional Meeting

Navigating Ophthalmology's Many Challenges

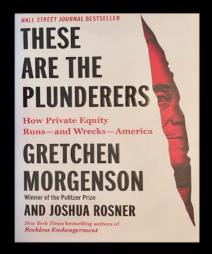


June 14, 2024 - 8:00 am - 5:00 pm

at The Aqua Turf Club 556 Mulberry Street, Plantsville, CT

> Plus Vision Expo Raffles & Door Prizes

Exhibitor Prospectus



Speakers: Esen Akpek, MD Uday Devgan, MD Andrew Lam, MD Robin Linker Gretchen Morgenson Paul Singh, MD Mike Snyder, MD Lejla Vajzovic, MD Larry Yannuzzi, MD

Register Today www.connecticutsocietyofeyephysicians.com

CSEP Sponsor Opportunities 6-14-24

Platinum Sponsor

Cost: \$10,000 (plus 6.35% CT sales tax \$635) if signed contract is received by April 30, 2024. \$11,000 (plus 6.35% CT sales tax \$698.50) if contract or payment is received after April 30, 2024.

Platinum level recognition in CSEP e-communications, final program, during conference and website (including logo).

- · Sponsored 45 minutes Product Theater
- Full page advertisement in the CSEP newsletter
- · 2 approved targeted email blasts to CSEP membership
- Logo, link and description on CSEP website (max 200 words)
- · Banner ad on virtual platform
- · 6 representative registrations

Gold Sponsor

Cost: \$5,000.00 (plus 6.35% CT sales tax \$317.50) if signed contract is received by April 30, 2024. \$6,000.00 (plus 6.35% CT sales tax \$381) if contract or payment is received after April 30, 2024.

Gold level recognition in CSEP e-communications, final program, during conference and website (including logo).

- · Sponsored 15 minutes Product Theater
- Half page advertisement in the CSEP newsletter
- · 2 approved targeted email blasts to CSEP membership
- Logo and description on CSEP website (max 150 words)
- Banner ad on virtual platform
- · 3 representative registrations

Silver Sponsor

Cost: \$1,500.50 (plus 6.35% CT sales tax \$95.28) if signed contract is received by April 30, 2024. \$1,795.50 (plus 6.35% CT sales tax \$114.01) if contract or payment is received after April 30, 2024.

Silver level recognition in CSEP e-communications, final program, during conference and website (including logo).

- Sponsored 1 minute Product Theater
- Quarter page advertisement in the CSEP newsletter
- Logo and description on CSEP website (max 100 words)
- · Banner ad on virtual platform
- 1 representative registration

LOGO AND ADVERTISEMENT ONLY

Logo and Advertisement only - \$550 (plus 6.35% CT sales tax \$34.93) with Link.

Exhibitor recognition in CSEP e-communications, final program, website (including logo).

· Logo and line with description on CSEP website (max 75 words)

**Instead of membership, you may choose to e-blast conference attendees. You may also choose a direct mailer instead of sending an e-blast, either to membership or conference attendee.

CSEP EXHIBITOR AGREEMENT JUNE 16, 2024 THE AQUA TURF CLUB • 556 MULBERRY STREET • PLANTSVILLE, CT

Titanium Exhibit \$10,000 before April 30, 2024 – \$11,000 (plus 6.35% CT sales tax)

(plus 6.35% CT sales tax) **50% Deposit is due by April 30, 2024 Balance** (plus 6.35% CT sales tax) **is due March 25, 2024** Include a 10x20 center island, with two tables, four chairs, sign, electricity, unlimited free internet and <u>6 exhibitor badges</u>. *In addition a * 2-page flier will be included. (see below)*

Platinum Exhibit \$5,000 before April 30, 2024 (plus 6.35% CT sales tax)

Includes 10x10 wall space booth, with one table, two chairs, sign and <u>2 exhibitor badges</u> for attendees. *Additional badges can be purchased for \$450.00 per attendee.*

Gold Exhibit \$3,000 before April 30, 2024 (plus 6.35% CT sales tax)

Includes 8x10 Corner wall space booth, with one table, two chairs, sign and <u>1 exhibitor badge</u> for attendee. *Additional badges can be purchased for \$450.00 per attendee.*

Silver Exhibit \$1,495 before April 30, 2024 (plus 6.35% CT sales tax)

Includes 8x6 wall space booth, with one table, two chairs and <u>1 exhibitor badge</u> for attendee. *Additional badges can be purchased for \$450.00 per person.*

Late fees apply to all levels of exhibit space after designated date for late registration.

* 2-page exhibitor flier with exhibitor floor plan will be included in the physician's packet and company name will be on the signature cards which will be used by physicians to ask for more product information.

All Exhibitors

Please note: effective October 1, 2015 CT state sales tax will be charged. Booths must be set up one hour prior to physician's registration. Space is very limited so please reserve your space as soon as possible. Booths will not be held without a Deposit and signed Agreement. Booth Space Deposit is non-refundable. Upon completion of this form, both parties enter a binding legal contract. Please contact The Aqua Turf Club, 556 Mulberry Street, Plantsville, CT 06479 for shipping arrangements of your booth - phone 860-621-9335. If names for badges are not received by April 30, 2024 there will be a \$25.00 charge per name per badge.

Name	Badg	ges
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Please provide name(s) of company representative who will attend. (please print legibly)					
Badges included with your booth - Attendee Names:	Additional Badges \$450.00 each - Attendee Names:				

CSEP Sponsorship & Payment Form Exhibit Space June 14, 2024

,	as authorized r	epresentative I accept the following conditions of the		
Sponsorship.				
Signature of Aut	thorized Card Holder	Company Name (please print)		
Representative	Name (please print legibly)	Company Accounting Email Address		
Title		City State Zip		
Representative	Cell Phone #	Telephone #		
Representative	Email Address	Fax #		
Olblwah CSEP Authorize	OSboun_ ed Signature	CSEP Tax ID#: 23-7452113		
	Fax 860-567-4174	PO Box 854 • Litchfield, CT 06759 • Phone 860-567-3787 • Debbie Osborn Cell phone 860-459-4377		
	Credit Card	l Payment Form		
	VisaMaste	American Express		
	_//////	//////// it card number)		
	(Expiration date)	Billing Zip * Required		
		rity Codes		
*3 digit a	# that appears on the back of the MC/VISA ca	*4 digit # that appears on the front of AMEX card		
	*These numbers are needed to run p	payment through with a merchant discount		
\$	Sponsorship Amount	Attendee Representative Names:		
\$	6.35% CT sales tax charged	·		
\$	Total amount charged including	ng tax		
(Card he	older name)	(Card holder signature)		
(Card b	older address)	* Required - (Billing Address City - State - 7in Code)		

Please fill out completely!

Department of the Treasury

Request for Taxpayer **Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
	Connecticut Society of Eye Physicians						
	2 Business name/disregarded entity name, if different from above						
oe. ons on page 3.	following seven boxes. Individual/sole proprietor or X C Corporation S Corporation Partnership Trust/estate		Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)				
충	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner	rship) ▶					
Print or type. Specific Instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its own	owner of the LLC is gle-member LLC that	Exemption from FATCA reporting code (if any)				
ξ	Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)				
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)				
See	26 Sally Burr Road						
S	6 City, state, and ZIP code						
	Litchfield, CT 06790						
	7 List account number(s) here (optional)						
Pa	Taxpayer Identification Number (TIN)						
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid Social sec	curity number				
	up withholding. For individuals, this is generally your social security number (SSN). However, f						
resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other			- -				
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>						
TIN, I		or / Employer	identification number				
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name a Number To Give the Requester</i> for guidelines on whose number to enter.		and Employer identification number					
IVUITIK	ser to dive the nequester for guidelines off whose number to enter.	2 3 -	- 7 4 5 2 1 1 3				
Par	t II Certification						
Unde	r penalties of perjury, I certify that:						
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be iss	sued to me); and				
	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b						

- no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Dibluah Osbalin

Date ► January 11, 2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,