



Connecticut Society of Eye Physicians Vendor Expo

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Platinum 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:** \$5,500.00 (plus 6.35% CT sales tax) after March 30, 2017 the cost is \$6,000. (plus 6.35% CT sales tax)

A \$2,750.00 (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 Platinum Exhibitor you will be assigned a 10x10 wall space, with one table, two chairs, sign and 2 badges for attendees.

As a Platinum Exhibitor I accept the fee of \$5,500.00 (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 Platinum 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