



Connecticut Society of Eye Physicians

Scientific CME Regional Meeting

June 9, 2023 - 8:00 - 4:30 pm

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

Over 500 Ophthalmologists attending

Exhibitor/Sponsor Prospectus



EDWARD LIM, MD
MODERATOR



VINCENT DELUISE, MD
MODERATOR



Register Today

Exhibit, Sponsorship, Advertising & Product Theaters

CSEP SPONSOR OPPORTUNITIES JUNE 9, 2023

Platinum Sponsor

Cost: \$10,000 (plus 6.35% CT sales tax \$635) **if signed contract is received by April 30, 2023.**

\$11,000 (plus 6.35% CT sales tax \$698.50) **if contract or payment is received after April 30, 2023.**

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, 2023.**

\$6,000.00 (plus 6.35% CT sales tax \$381) **if contract or payment is received after April 30, 2023.**

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, 2023.**

\$1,795.50 (plus 6.35% CT sales tax \$114.01) **if contract or payment is received after April 30, 2023.**

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 9, 2023

THE AQUA TURF CLUB • 556 MULBERRY STREET • PLANTSVILLE, CT

Titanium Exhibit \$10,000 before April 30, 2023 – \$11,000

(plus 6.35% CT sales tax) **50% Deposit is due by April 30, 2023**

Balance (plus 6.35% CT sales tax) **is due March 25, 2023**

Include a 10x20 center island, with two tables, four chairs, sign, electricity, unlimited free internet and **6 exhibitor badges**.

In addition a * 2-page flier will be included. (see below)

Platinum Exhibit \$5,000 before April 30, 2023 (plus 6.35% CT sales tax)

Includes 10x10 wall space booth, with one table, two chairs, sign and **2 exhibitor badges** for attendees.

Additional badges can be purchased for \$450.00 per attendee.

Gold Exhibit \$3,000 before April 30, 2023 (plus 6.35% CT sales tax)

Includes 8x10 Corner wall space booth, with one table, two chairs, sign and **1 exhibitor badge** for attendee.

Additional badges can be purchased for \$450.00 per attendee.

Silver Exhibit \$1,295 before April 30, 2023 (plus 6.35% CT sales tax)

Includes 8x6 wall space booth, with one table, two chairs and **1 exhibitor badge** 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, 2023 there will be a \$25.00 charge per name per badge.**

Name Badges

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 PAYMENT FORM

EXHIBIT SPACE/SPONSORSHIP JUNE 9, 2023

I, _____ as authorized representative I accept the following conditions of the Sponsorship.

Signature of Authorized 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 #

Deborah Osborn
CSEP Authorized Signature

CSEP Tax ID#: 23-7452113

CSEP • 26 Sally Burr Road • PO Box 854 • Litchfield, CT 06759
Fax 860-496-1830 • Phone 860-567-3787
email debbieosborn36@yahoo.com • Debbie Osborn Cell phone 860-459-4377

Credit Card Payment Form

_____ Visa _____ Mastercard _____ American Express

_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____
(16 digit card number)

_____/_____/_____
(Expiration date)

Billing Zip * Required

Security Codes

_____/_____/_____
*3 digit # that appears on the back of the MC/VISA card

_____/_____/_____/_____
*4 digit # that appears on the front of AMEX card

****These numbers are needed to run payment through with a merchant discount***

\$ _____ Sponsorship Amount

\$ _____ 6.35% CT sales tax charged

\$ _____ **Total amount charged including tax**

Attendee Representative Names:

(Card holder name)

(Card holder signature)

(Card holder address)

* _____
* **Required - (Billing Address City - State - Zip Code)**

Please fill out completely!

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

26 Sally Burr Road

6 City, state, and ZIP code

Litchfield, CT 06790

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

2 3 - 7 4 5 2 1 1 3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am 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.

Sign
Here

Signature of
U.S. person ►

Deborah Osborn

Date ► **January 10, 2023**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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, later.

SAVE THE DATE

Friday January 12, 2024

Next CME Program

Preserving Ophthalmology

at the Aqua Turf

connecticutsocietyofeyephysicians.com

