

Exhibitor Set-up 2pm-4pm Breakdown 8:30pm - 9:00 pm

Semi-Annual Connecticut Dermatology and Dermatologic Surgery Annual Educational Meeting and Expo Wednesday, May 10, 2017 • 4:00 pm - 9:00 pm The Warterview • 215 Roosevelt Drive • Monroe, Connecticut



Dear Corporate Exhibitor,

CT Dermatology and Dermatologic Surgery Society Scientific Meeting & Vendor Expo offering the most comprehensive and stimulating array of Dermatology information and technology ever assembled, combined with an outstanding socio-economic program.

This state-of-the-art meeting features panel discussions on controversial issues and techniques, award lectures and instructional courses.

The scientific program will feature the latest clinical and technological developments, presented by national and international leaders.

The semi-annual meeting presents a unique opportunity for you to interact with the members of CT Dermatology, over 160 strong, an organization representing over 92% of dermatologists practicing in Connecticut.

The exhibition floor will be designed to maximize physician-representative interaction. As always, your representatives are invited to attend the scientific sessions and to participate in all planned social events.

In this prospectus, you will find information on other digital advertising opportunities.

Your support is vital to the success of our meeting. Our goal is for you to return to your office confident that you earned an outstanding return on your investment.

Mark you calendar for this well attended Annual Meeting.

We look forward to seeing you at The Waterview.

With best regards, Alburah Osbour Executive Director

## **DIRECTIONS TO THE WATERVIEW**

**From Hartford, CT** - I-84 West, take Exit 11 off I-84 East or West (Derby, New Haven, Route 34). Make a right at the bottom of the ramp and stay in the right lane. At the next light, make a right onto Route 34 East; continue for 6 miles. THE WATERVIEW is located on your left.

From I-95 (North & South) - Exit 27A (Route 25N) to Route 111 North (make right turn and follow for 8 miles to the end). Make a right turn onto Route 34 East. THE WATERVIEW entrance is on your left in 200 yards.

From NYC - East Side - FDR Drive to Triboro Bridge to 278 (East) (Bruckner Expwy) to I-95 (North). (Follow Instructions from I-95).

**From NYC - West Side** - Henry Hudson Parkway to Saw Mill Parkway (North) to I-684 North (Brewster) to Exit 9E (Danbury) onto I-84 East. Take exit 11 off I-84 (Derby/New Haven/Route 34). Make a right at the bottom of the ramp and stay in the right lane. At the next light, make a right onto Route 34 East. Continue on Route 34 East for 6 miles and entrance to THE WATERVIEW will be on your left.

From the Merritt Parkway (Route 15) - Take Exit 49N (Danbury) to Route 25 North. Continue 5 miles to the intersection of Route 111 North. Make a right turn and follow for 8 miles to the end of Route 111. Make a right turn onto Route 34 East. THE WATERVIEW entrance is on your left in 200 yards.

**From Long Island, NY** - Whitestone Bridge to Hutchinson River Parkway North to Merritt Parkway North. (Follow instructions from Merritt Parkway).

#### **PLATINUM EXHIBITOR**

#### Cost: \$3,250.00 (plus 6.35% CT sales tax \$206.38) if signed contract is received by March 15, 2017. \$3,500.00 (plus 6.35% CT sales tax \$222.25) if contract or payment is received after April 15, 2017.

As a Platinum Exhibitor you will receive a premium 10'x20' center island draped space with up to two tables, four chairs, sign, electricity, Free WiFi and six badges for attendees for the vendor expo. In addition Platium exhibitors may have two pages in the program book to advertise booth location and will also have your name listed on signature cards to insure maximum physician exposure. The Platinum exhibitors will receive a final attendance list at the meeting.

Camera ready art work (single page 3.875" wide by 5.25" high - high resolution pdf with all type set to outline) must be sent by <u>March 15, 2017</u> to: debbieosborn36@yahoo.com.

#### **GOLD EXHIBITOR**

Cost: \$2,000.00 (plus 6.35% CT sales tax \$127.00) if signed contract is received by March 15, 2017. \$2,500.00 (plus 6.35% CT sales tax \$158.75) if contract or payment is received after April 15, 2017.

As a Gold Exhibitor you will be assigned an 8'x10" pipe-draped area with 1 table, two chairs, sign, free WiFi and two badges for attendees for the vendor expo. In addition have your name listed on signature cards to insure maximum physician exposure.

#### SILVER EXHIBITOR

Cost: \$1,295.50 (plus 6.35% CT sales tax \$82.24) if signed contract is received by March 15, 2017.
\$1,500.00 (plus 6.35% CT sales tax \$95.25) if contract or payment is received after April 15, 2017.
As a Silver Exhibitor you will be assigned a 6'x8' pipe-draped booth space, 1 table, two chairs, sign, free WiFi and have your name listed on signature cards to insure maximum physician exposure. The exhibitor hall is near the physicians educational conference room, providing easy access to the exhibitor hall for all breaks.

#### **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 <u>will not</u> 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 Colin at The Waterview, 215 Roosevelt Drive, Monroe, CT 06468 for shipping arrangements of your booth - phone 203-261-0915.** 

Exhibitors will be supplied with a pipe-draped area per contract, table and chairs, sign, free WiFi, name badges and will be allowed to participate with the cocktails and food provided in the exhibit area. Upon request exhibitors may attend the CME Programs scheduled. Attendance of 80-140 Connecticut Otolaryngologists is expected. The Waterview provides maximum space for 30 exhibitors.

#### Name Badges

Please provide name(s) of company representative who will attend. (please print)

If you plan to ship your booth or display contact Colin at The Waterview, 215 Roosevelt Drive, Monroe, CT 06468 - phone 203-261-0915.

### DERMATOLOGY ELECTRICAL AND ADVERTISING FORM

Please complete this form for your electrical requirements. **IMPORTANT:** Please notify us if special wattage and amperage is required. One single outlet is defined as 110 volt, alternating current, maximum 1000 watts. **MAXIMUM 15 AMPS.** (**MUST SPECIFY AMPERAGE REQUIRED FOR EACH OUTLET ORDERED**). Please contact Debbie Osborn at cell 860-459-4377, CDS 860-567-4911, fax 860-567-3591 if additional outlets are needed.

| Name of Company:                |                    |                    |                           |
|---------------------------------|--------------------|--------------------|---------------------------|
| Billing Address:                | (Street, City, Sta | te, Zip Code)      |                           |
| Representative Name:(Please     | se print)          |                    |                           |
| Authorized Signature:           |                    |                    |                           |
| Representative Cell Phone:      |                    | Phone Number:      | Fax Number:               |
| Email Address:                  |                    |                    |                           |
| * <u>Required</u> TYPE OF EQUIP | MENT TO BE UT      | TILIZED:           |                           |
| TOTAL # OF SINGLE (NOT ]        | DUPLEX) OUTL       | ETS REQUIRED: #    | amperage (please specify) |
| PRICING:                        |                    |                    |                           |
| 1 Outlet (single/not duplex)    | \$125.00           | 2 Outlets (Double) | \$150.00                  |
| 3 Outlets (Triple)              | \$175.00           | 4 Outlets (Quad)   | \$200.00                  |
| Sub total:                      | 6.35% CT sales     | s tax: BALAN       | ICE DUE:                  |

\*Important: This form and payment must be received **30 days prior to the event** to receive electrical services. The facility engineer may refuse connections where wiring is not in accordance with the CT State Safety Codes. Exhibitors are responsible for providing their own surge protectors.

| Program Book (4.875" x 5.25")   | Exhibitors | Non-exhibitors | Premium Positions (4.875" x 5.25")  | Exhibitors | Non-exhibitors |
|---|------------|----------------|---|------------|----------------|
| 1/2 Page (horizontal)   | \$600      | \$1,000        | Inside front cover & facing page  | \$1,500    | \$2,500        |
| Full page (vertical)  | 750        | 1,500          | Page facing table of contents   | 1,250      | 2,000          |
| 2 page spread   | 1,000      | 2,750          | Inside back cover   | 1,250      | 2,000          |
|   |            |                | Outside back cover  | 1,500      | 2,250          |
| 8.5" x 11" Insert*  | Exhibitors | Non-exhibitors | Ad specifications for Program Book: Single page 3.875" x 5.25", High Resolution pdf with all type set to outline. |            |                |
| 2 Page Insert*  | \$1,000    | \$2,750        |   |            |                |
| 4 Page Insert*  | 1.500      | 3,500          | Art Deadline 45 days prior to event.  |            |                |
| * Rates shown are for printed inserts provided by the advertiser. For additional information contact debbieosborn36@yahoo.com |            |                | Ad close & Payment Deadline 30 days prior to the event.   |            |                |

PLEASE NOTE: To receive a 10% advertiser discount for this program advertising commitment and payment must be received prior to 3 months of the event.

Please make checks payable to CT DERMATOLOGY & DERMATOLOGIC SURGERY SOCIETY PO Box 1079, Litchfield, CT 06759 Fax: 860-567-3591 • Debbie Osborn Cell: 860-459-4377 Or email credit card payment to debbieosborn36@yahoo.com

# DERMATOLOGY CONTRACT AND PAYMENT FORM

| l,   | as authorized rep                    | resentative fo   | or                                   |   |  |
|--|--------------------------------------|--|--------------------------------------|---|--|
| (please print)                                     | latinum ¢0.00                        | -  |                                      | me as you wish it to appear in program) |  |
| accept the following conditions of the $\square$ P |                                      |  |                                      | f received after April 15, 2017         |  |
| Gold \$2,000 (plus 6.35% tax) <b>\$2,500</b>       |                                      | •  |                                      |   |  |
| Silver \$1,295.50 (plus 6.35% tax) <i>\$1,</i>     |                                      | -  | <b>15, 2017</b><br>ate exhibitor lev | vel)                                    |  |
|  | 0                                    |  |                                      | ,                                       |  |
| 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 #  |                                      |   |  |
| Alberth Ospern                                     |                                      | CDS Tax ID#: 06-1377256                                |                                      |   |  |
| CDS Authorized Signature                           |                                      |  |                                      |   |  |
| email debbieosborn36                               | @yahoo.com •<br>Credit Card<br>Maste | Paymen   |                                      | hone 860-459-4377American Express       |  |
| ///  | ////<br>(16 digit                    | //<br>card number                                      | //<br>r)                             | ///                                     |  |
| //<br>(Expiration date)                            |                                      |  | (Billing Zip C                       | code *Required)                         |  |
|  | Secu                                 | rity Codes   |                                      |   |  |
| *3 digit # that appears on the back of the N       | IC/VISA card                         | *4 digi  | t # that appear                      | ///<br>rs on the front of AMEX card     |  |
| *These numbers are                                 |                                      | •  |                                      |   |  |
| \$ Booth Amount                                    |                                      |  |                                      |   |  |
| \$ Electrical Amoun                                | t <i>(if requested)</i>              | \$   | Total                                |   |  |
|  |                                      | \$   | 6.3                                  | 5% CT sales tax charged                 |  |
|  |                                      | \$   | Tota                                 | al amount charged including tax         |  |
| (Card holder name)                                 |                                      | -  | (Card holder si                      | gnature)                                |  |
|  |                                      | *  |                                      |   |  |
| (Card holder address)                              |                                      | * Required - (Billing Address City - State - Zip Code) |                                      |   |  |

Please fill out completely!