

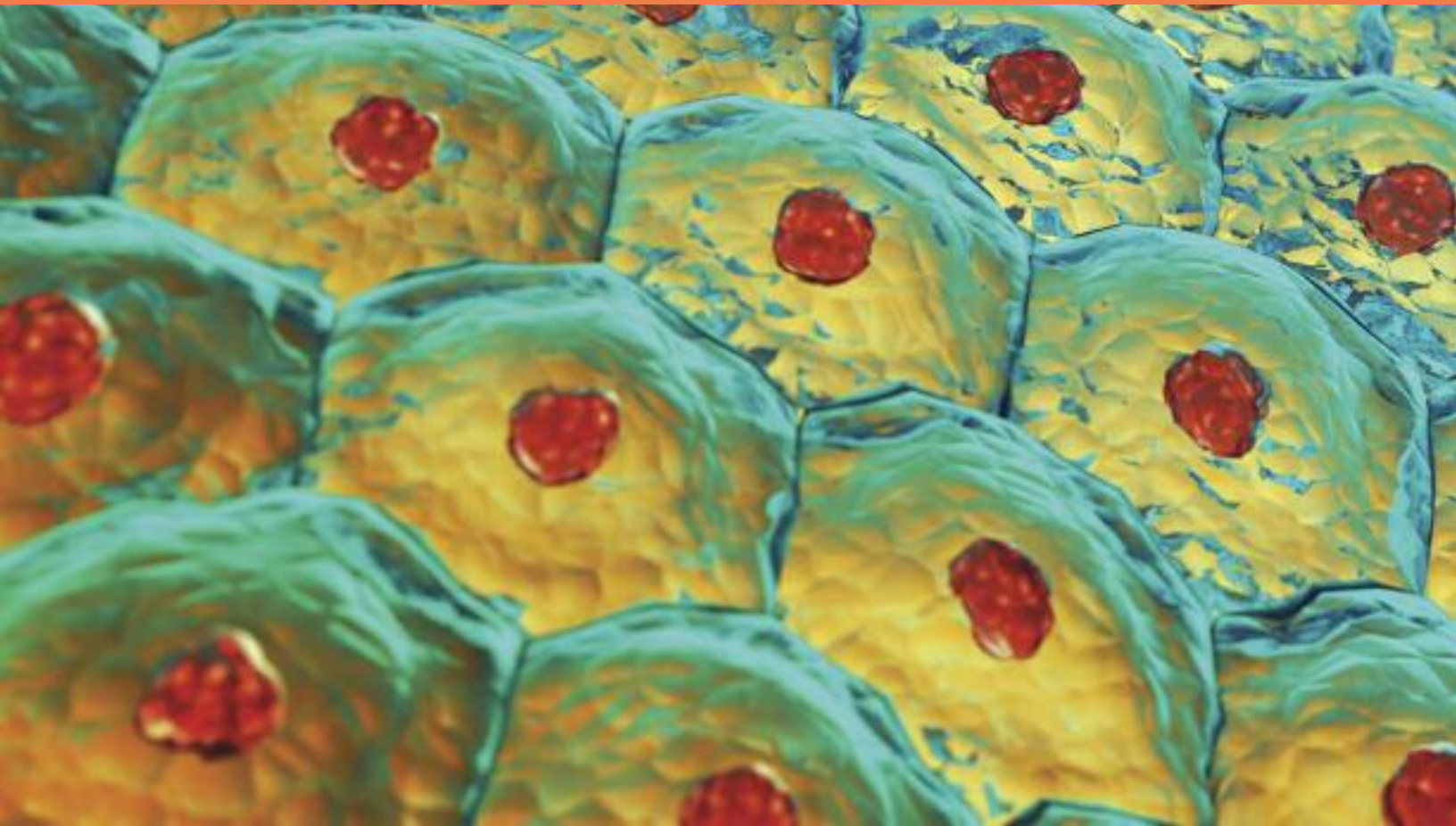
**Exhibit Hall will be open
during the hours of
3:00 pm - 9:00 pm**

Semi-Annual Connecticut Dermatology and Dermatologic Surgery

Educational Meeting and Expo

Thursday, May 11, 2016 • 5:00pm - 9:00 pm

The Waterview • 215 Roosevelt Drive • Monroe, Connecticut



WELCOME

Dear Corporate Sponsor,

CT Dermatology and Dermatologic Surgery Society Scientific Meeting & Vendor Expo offers the most comprehensive and stimulating array of Dermatology information and technology ever assembled in the northeast, 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 experts and MD leaders.

The scientific meeting presents a unique opportunity for you to interact with the members of CT Dermatology, an organization representing over 92% of dermatologists practicing in Connecticut - with over 160 members. It also attracts dermatologists from NY, MA, RI and other states.

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 and door prize participation.

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 and know we view our industry friends as partners and an integral part of innovation in medicine..

Mark your calendar for this well attended Semi-Annual Meeting.

We look forward to seeing you at the Waterview

With best regards,

Rebecca Osborn
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. Turn right 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).

EXHIBITOR LEVELS

PLATINUM EXHIBITOR

Cost: \$3,250.00 (plus 6.35% CT sales tax \$206.38) **if payment is received by April 1, 2016**

\$3,500.00 (plus 6.35% CT sales tax \$222.25) **if payment is received after April 1, 2016**

As a Platinum Exhibitor you will be assigned a 10'x20' center island draped space with two tables, four chairs, sign, electricity, Free WiFi and six badges for attendees for the educational program and access to the private 45 minute non-CME dinner with physicians. In addition Platinum exhibitors may place a two-three page advertisement in the program book and 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 April 15, 2016 to: debbieosborn36@yahoo.com.

GOLD EXHIBITOR

Cost: \$2,000.00 (plus 6.35% CT sales tax \$127.00) **if payment is received by April 1, 2016**

\$2,500.00 (plus 6.35% CT sales tax \$158.75) **if payment is received after April 1, 2016**

As a Gold Exhibitor you will be assigned an 8'x10" pipe-draped area with table, two chairs, sign, free WiFi and two badges for attendees for the educational program and access to the private 45 minute non-CME dinner with physicians. In addition, you will receive one page of Ad space in the program book and have your name listed on signature cards to insure maximum physician exposure. 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 April 15, 2016 to: debbieosborn36@yahoo.com.

SILVER EXHIBITOR

Cost: \$1,095.50 (plus 6.35% CT sales tax \$69.56) **if payment is received by April 1, 2016**

\$1,295.50 (plus 6.35% CT sales tax \$82.26) **if payment is received after April 1, 2016**

As a Silver Exhibitor you will be assigned a 6'x8' pipe-draped booth space, 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 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 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 contact, 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 Dermatologists is expected. The Waterview provides maximum space for 30 exhibitors. More than 30 Door Prizes will be offered.

Door Prizes

The awarding of more than 30 door prizes has become one of the highlights of this meeting and is greatly appreciated by all attendees. If your company would like to provide a door prize for this event please provide the following:

Door Prize Value - (please check appropriate value)

\$1,000 or more \$750-\$999 \$500-\$749 \$250-\$499 \$100-\$249 \$50-\$99 \$25-\$49

Description (ie. cosmetic basket, wine basket, theater tickets, gift certificates, etc.) _____

Name Badges

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

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 or special outlets are needed.

Name of Company: _____

Billing Address: _____
(Street, City, State, Zip Code)

Representative Name: _____
(Please print)

Authorized Signature: _____

Representative Cell Phone: _____ Phone Number: _____ Fax Number: _____

Email Address: _____

* **Required** TYPE OF EQUIPMENT TO BE UTILIZED: _____

TOTAL # OF SINGLE (NOT DUPLEX) OUTLETS 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 tax: _____ BALANCE 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.

ADVERTISING RATES (4-COLOR PROCESS)

Program Book (4.875" x 5.25")	Exhibitors	Non-exhibitors
1/2 Page (horizontal)	\$600	\$1,000
Full page (vertical)	750	1,500
2 page spread	1,000	2,750

8.5" x 11" Insert*	Exhibitors	Non-exhibitors
2 Page Insert*	\$1,000	\$2,750
4 Page Insert*	1,500	3,500

* Rates shown are for printed inserts provided by the advertiser. For additional information contact debbieosborn36@yahoo.com

Premium Positions (4.875" x 5.25")	Exhibitors	Non-exhibitors
Inside front cover & facing page	\$1,500	\$2,500
Page facing table of contents	1,250	2,000
Inside back cover	1,250	2,000
Outside back cover	1,500	2,250

Ad specifications for Program Book: Single page 3.875" x 5.25", High Resolution pdf with all type set to outline.

Art Deadline 45 days prior to event.

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 **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

CONTRACT AND PAYMENT FORM

I, _____ as authorized representative for _____
(please print) (company name as you wish it to appear in program)

accept the following conditions of the **Platinum \$3,250** (plus 6.35% tax), **Gold \$2,000** (plus 6.35% tax),
 Silver \$1,095.50 (plus 6.35% tax) **Exhibitor Agreement.**
(please check appropriate exhibitor level)

Signature of Authorized Representative

Company Name (please print)

Representative Name (please print)

Company Street Address

Title

City State Zip

Representative Cell Phone #

Telephone #

Representative Email Address

Fax #

Deborah Osborn
CDS Authorized Signature

CDS Tax ID#: 06-1377256

CT Dermatology & Dermatological Surgery Society
26 Sally Burr Road • PO Box 1079 • Litchfield, CT 06759
Fax 860-567-3591 • Phone 860-567-4911
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)

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**

\$ _____ Booth Amount

\$ _____ Electrical Amount (if requested) \$ _____ Total

\$ _____ 6.35% CT sales tax charged

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

(Card holder name)

(Card holder signature)

(Card holder address)

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

Please fill out completely!