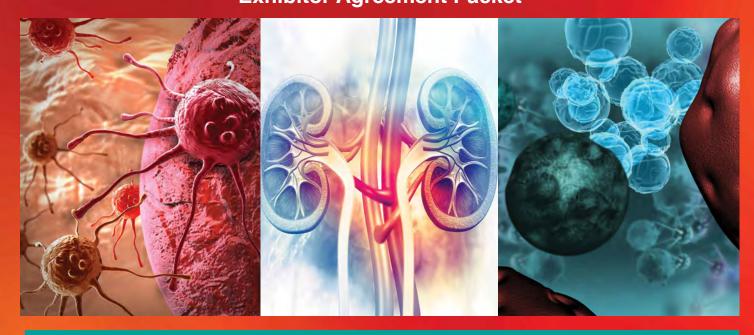
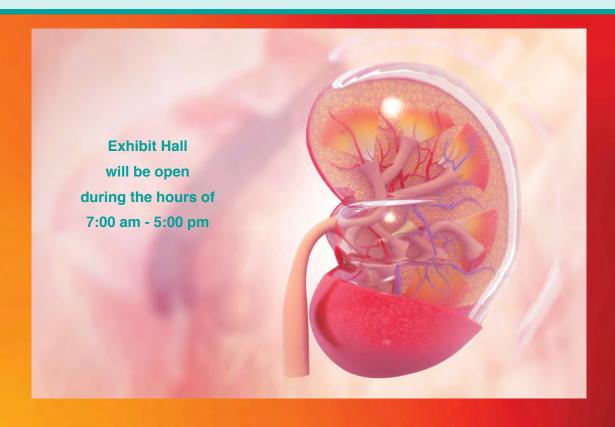
Connecticut Urology Society

Annual Educational Meeting and Expo
Thursday, October 11, 2018
8:00 am - 5:00 pm
Exhibitor Agreement Packet

Connecticut Urology Society



The Aqua Turf Club • 556 Mulberry Street • Plantsville, Connecticut



WELCOME

Dear Corporate Sponsor,

The Connecticut Urology Society Scientific Meeting & Vendor Expo is now offering the most comprehensive and stimulating array of Urology information and technology ever assembled. This meeting, in addition to outstanding scientific lectures, includes a stimulating socio-economic program designed to address issues including Medical Liability, HIPAA, Coding, Compliance and Telemedicine.

This state-of-the-art meeting also features panel discussions with national educators on controversial issues and surgical techniques, award lectures on drug therapies and other instructional CME presentations.

The scientific program will highlight some of the latest clinical innovations and technological developments. (See agenda for more details.)

The annual meeting presents a unique opportunity for you to interact with the members of CT Urology over 160 strong, an organization representing over 92% of urologists practicing in Connecticut and display your innovations and drug therapies.

The exhibition floor is designed to maximize physician-representative interaction, with plenty of exhibit time during the course of the program provided in the agenda. In addition, industry friends are invited to attend the scientific sessions and to participate in all planned non-CME social events.

In this prospectus, you will find information on other digital advertising opportunities as well as door prize opportunities.

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

Mark you calendar and register for this well attended Annual Meeting.

We look forward to seeing you at the Aqua Turf.

With best regards,

DUDUNUM OSOUM

Executive Director

DIRECTIONS TO THE AQUA TURF CLUB

I-84 East from Waterbury - Take Exit 28, take a right onto Route 322. Go straight, under second underpass take a left at the car wash onto Old Turnpike Road. At the first stop sign, take a right onto Mulberry Street. The Aqua Turf Club is located 1/2 mile on the right.

I-84 West from Hartford - Take Exit 29 (left hand exit). At the end of the exit will be a light. Take a left and go to your next light (just before Gene's Restaurant), take a right onto Mulberry Street. Go approximately one mile down the road. The Aqua Turf Club will be on your right.

From I-91 or the Merritt Parkway - Take Route 691 West toward Waterbury. Take exit 4 (Southington), takea right. At the bottom of the hill (McDonald's on the corner), take a right onto South End Road. Follow until you come to Mulberry Street on the left. The Aqua Turf Club is on Mulberry Street approximately 1/4 mile on the left.

If you plan to ship your booth or display - Shipping Address and phone contact:
The Aqua Turf Club, 556 Mulberry Street, Plantsville, CT 06479 • Phone: 860-621-9335

UROLOGY EXHIBITOR LEVELS 10-11-2018

Platinum Exhibitor

Cost: \$3,500.00 (plus 6.35% CT sales tax \$222.25)) if signed contract is received by August 1, 2018. \$4,000.00 (plus 6.35% CT sales tax \$254.00) if contract or payment is received after August 1, 2018.

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>August. 1, 2018</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 August 1, 2018. \$2,500.00 (plus 6.35% CT sales tax \$158.75) if contract or payment is received August 1, 2018. As a Gold Exhibitor you will be assigned an 8'x10" pipe-draped area with 1 table, two chairs, sign, free WiFi and three badges for attendees for the vendor expo. In addition have your name listed on signature cards to insure maximum physician exposure.

Silver Exhibitor

Cost: \$1,495.50 (plus 6.35% CT sales tax \$94.96) if signed contract is received by August 1, 2018. \$1,695.50 (plus 6.35% CT sales tax \$107.66) if contract or payment is received after August 1, 2018. As a Silver Exhibitor you will be assigned a 6'x8' pipe-draped booth space, 1 table, two chairs, sign, free WiFi, one badge for attendee 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

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

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, 556 Mulberry Street, Plantsville CT 06479 for shipping arrangements of your booth - phone 860-621-9335.

Upon request exhibitors may attend the CME Programs scheduled. Attendance of 80-140 Connecticut Dermatologists is expected. The Aqua Turf provides maximum space for 30 exhibitors. If names for badges are not received by August 1, 2018 there will be a \$25.00 charge per name per badge.

Name Badges Please provide name(s) of company representative who will	attend by August 1, 2018. (please print)
Badges included with your booth - Attendee Names:	Additional Badges \$450.00 each - Attendee Names:



UROLOGY ELECTRICAL AND ADVERTISING FORM 10-11-2018

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, Ci	ty, State, Zip Code)					
Representative Name:(Ple	ase print)						
Authorized Signature:							
Representative Cell Phone:	Pho	one Number:	_ Fax Number:				
Email Address:							
* Required TYPE OF EQUI	PMENT TO BE UTILIZE	ED:					
TOTAL # OF SINGLE (NOT	DUPLEX) OUTLETS R	EQUIRED: #	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 D	CE DUE:				
*Important: This form and payment m	ust be received 30 days prior to	the event to receive electrical service	es. 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.

URORLOGY SPONSORSHIP / EXHIBITOR OPPORTUNITY DETAILS

SPONSORSHIP Exhibits next to high traffic areas Coffee Station Tea Station Chocolate Station Popcorn Please Note: Space is limited and fills up early. Thank you!

What's included:

Coffee Station - International Coffees, Cinnamon Sticks, Hot Chocolate, Marshmellows, Almond Biscotti, Chocolate Biscotti

Tea Station - More than 20 varieties of quality tea - Oolong, Darjeeling, English Breakfast, Ceylon, Green; Herbal Varieties Mint, Honey, Lemon Drop

Chocolate Station - Premium Dark, Milk, and White Chocolate made in the USA, Truffles, Mints and loads of M&Ms

Popcorn Station - Freshly popped organic popcorn with customized individual containers

UROLOGY CONTRACT AND PAYMENT FORM 10-11-18

I, as auth	orized representative for
	(company name as you wish it to appear in program) ☐ Gold ☐ Silver
(please check appro	priate exhibitor level)
Check your Sponsorship Station choice: ☐ Coffee	□Tea □Chocolate □ Popcorn
Number of Extra Badges @ \$450 per badge	TOTAL
Signature of Authorized Card Holder	Company Name (please print)
Representative Name (please print)	Company Accounting Email Address
Title	City State Zip
Representative Cell Phone #	Telephone #
Representative Email Address	Fax #
Alberrah Osborn	CT Urology Tax ID#: 26-442 6609
CUS Authorized Signature	
///	Mastercard American Express / / / / /
(Expiration date)	(Billing Zip Code *Required)
	Security Codes
1 1	
*3 digit # that appears on the back of the MC/VI	SA 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 \$ Ex	ktra Badge Amount \$Sponsorship Amount
\$ Electrical Amount (if requested)	\$ Total
<u></u>	\$ 6.35% CT sales tax charged
	\$ Total amount charged including tax
	5 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!

(Rev. November 2017) 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.

	3												
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.												
	Connecticut Urology Society												
	2 Business name/disregarded entity name, if different from above												
n page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of following seven boxes. ☐ Individual/sole proprietor or				certain entities, not individuals; see instructions on page 3):								
e.	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/es single-member LLC					Exempt payee code (if any)							
ફ	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner	rship) ▶ _											
Print or type. Specific Instructions on page	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.					code (if any)							
eci	☐ Other (see instructions) ►				(Арр	(Applies to accounts maintained outside the U.S.)							
Sp	5 Address (number, street, and apt. or suite no.) See instructions.	Request	er's name and address (optional)										
See	26 Sally Burr Road												
•	6 City, state, and ZIP code												
	Litchfield, CT 06790												
	7 List account number(s) here (optional)												
Part													
	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to av b withholding. For individuals, this is generally your social security number (SSN). However, f		So	cial s	ecurity	/ nu	ımber		_	1	<u> </u>		
resider	of withholding. For individuals, this is generally your social security humber (35N). However, in talien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other is, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>					-[_					
TIN, la	er.		or										
	f the account is in more than one name, see the instructions for line 1. Also see What Name	and [Employer i			identification number							
Numbe	er To Give the Requester for guidelines on whose number to enter.		2	6	_ 4	1	4 2	6	6	0	9		
Part	II Certification						-						
	penalties of perjury, I certify that:												
2. I am Serv	number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rice (IRS) that I am subject to backup withholding as a result of a failure to report all interest conger subject to backup withholding; and	I have r	not b	oeen	notifie	ed I	by the	Inte					
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	ıg is corr	ect.										
you ha	cation instructions. You must cross out item 2 above if you have been notified by the IRS that your failed to report all interest and dividends on your tax return. For real estate transactions, item 2 tion or abandonment of secured property, cancellation of debt, contributions to an individual retirean interest and dividends, you are not required to sign the certification, but you must provide you	does no ement ar	t ap	ply. F geme	or mo	ortg A), a	age in	teres neral	t pai lly, p	id, aym	ents	use	
Sign Here	Signature of U.S. person DUSUVAL OSDOW	Date ► ·	Ju	ne	15,	20	018						
Gor	eral Instructions • Form 1099-DIV (di	vidends.	inc	ludin	g thos	se f	rom s	ock	s or	mutı	ual		

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)

- 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.

