

The Connecticut Urology Society
Scientific CME Meeting
Thursday October 23, 2025
8:00am- 5:00 pm
Live at the Aqua Turf
556 Mulberry Street, Plantsville, CT

Connecticut
Urology
Society



Exhibit and Sponsor Prospectus



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 provide Product Theaters to reach over 130 Urologists.

The sponsorship Product Theaters are designed to maximize physician-representative interaction.

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

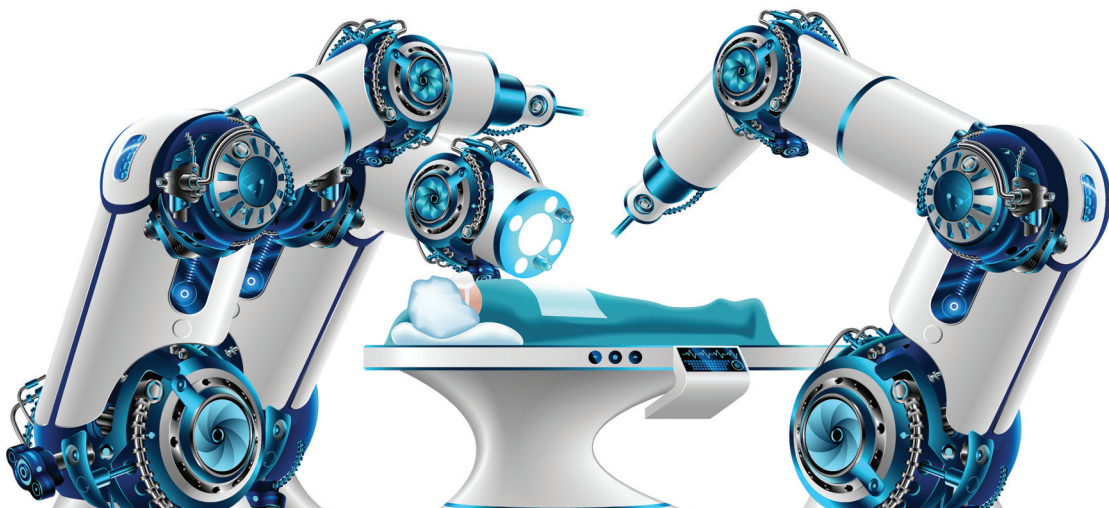
Your support is vital to the success of our meeting. Our goal is for you to return to your company confident that you earned an outstanding return on your investment.

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

With best regards,

Deborah Osborn

Executive Director



UROLOGY SPONSOR LEVELS 10-23-25

Platinum Series Sponsor

Cost: \$10,000 (plus 6.35% CT sales tax \$635) **if signed contract is received by September 1, 2025.**

\$11,000 (plus 6.35% CT sales tax \$698.50) **if contract or payment is received after** Platinum level recognition in Connecticut Urology e-communications, final program, during conference and website (including logo).

- Sponsored 45 minutes Product Theater
- Full page advertisement in the Connecticut Urology newsletter
- 2 approved targeted email blasts to Connecticut Urology membership
- Logo, link and description on Connecticut Urology website (max 200 words)
- Banner ad on virtual platform
- 6 representative registrations

Gold Series Sponsor

Cost: \$5,000.00 (plus 6.35% CT sales tax \$317.50) **if signed contract is received by September 1 2025**

\$6,000.00 (plus 6.35% CT sales tax \$381) **if contract or payment is received September 1, 2025.**

Gold level recognition in Connecticut Urology e-communications, final program, during conference and website (including logo).

- Gold level Sponsor will have 15 minute Product Theater
- Half page advertisement in the Connecticut Urology newsletter
- 2 approved targeted email blasts to Connecticut Urology membership
- Logo and description on Connecticut Urology website (max 150 words)
- Banner ad on virtual platform
- 6 representative registrations

Silver Series Sponsor

Cost: \$1,095.50 (plus 6.35% CT sales tax \$69.56) **if signed contract is received by September 1, 2025**

\$1,295.50 (plus 6.35% CT sales tax \$82.26) **if contract or payment is received after September 1 2025**

Silver level recognition in Connecticut Urology e-communications, final program, during conference and website (including logo).

- Silver level sponsor - 1 minute Product Theater
- Quarter page advertisement in the Connecticut Urology newsletter
- Logo and description on Connecticut Urology website (max 100 words)
- Banner ad on virtual platform
- 1 representative registration

Logo and Advertisement only - \$550 (plus 6.35% CT sales tax \$34.93)

Exhibitor recognition in Connecticut Urology e-communications, final program, website (including logo).

- Logo and line with description on Connecticut Urology mailers (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.**

All Sponsors will receive an Attendance List and will be able to chat with attendees during the program.

UROLOGY EXHIBITOR LEVELS 10-23-25

Platinum Exhibitor

Cost: \$3,500.00 (plus 6.35% CT sales tax \$222.25) **if signed contract is received by September 1, 2025.**
\$4,000.00 (plus 6.35% CT sales tax \$254.00) **if contract or payment is received after September 1, 2025.**

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 Platinum 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 October 1, 2023 to: debbieosborn36@yahoo.com.

Gold Exhibitor

Cost: \$2,000.00 (plus 6.35% CT sales tax \$127.00) **if signed contract is received by September 1, 2025**
\$2,500.00 (plus 6.35% CT sales tax \$158.75) **if contract or payment is received September 1, 2025**

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 September 1, 2025**
\$1,695.50 (plus 6.35% CT sales tax \$107.66) **if contract or payment is received after Sept, 1, 2025**

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.

* * * * * Exhibitor Sponsorship with Exhibitor Space * * * * *

Cost: \$2,500.00 (plus 6.35% CT sales tax \$158.75) **if signed contract is received by September 1, 2025**
\$3,000.00 (plus 6.35% CT sales tax \$190.50) **if contract or payment is received Sept 1, 2025**

You will be assigned a 8'x10' pipe-draped booth space next to your sponsored station, 1 table, two chairs, sign, free WiFi, **two badges for attendees** and have your name listed on signature cards to insure maximum physician exposure.

Check your Station choice: ☐ Coffee ☐ Tea ☐ Chocolate ☐ Popcorn

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 Oct 1, 2025 there will be a \$25.00 charge per name per badge.**

Name Badges

Please provide name(s) of company representative who will attend by October 1, 2025 (please print)

Badges included with your booth - Attendee Names:

Additional Badges \$450.00 each - Attendee Names:

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 860-496-1830 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.

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, Marshmallows, 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

October 23, 2025

UROLOGY CONTRACT AND PAYMENT FORM 10-23-25

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

accept the following conditions of the ☐ **Platinum** ☐ **Gold** ☐ **Silver**
(please check appropriate exhibitor level)

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 # _____

Deborah Osborn
COS Authorized Signature

CT Urology Tax ID#: 26-442 6609

CT Urology • 26 Sally Burr Road • PO Box 854 • Litchfield, CT 06759
Fax 860-567-4174 • 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 Code *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

\$ _____ Exhibitor Booth Amount

\$ _____ 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!

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 Urology Society

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

7 List account number(s) here (optional)

Requester's name and address (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

26 - 4426609

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 ► **June 1, 2025**

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.