

***The Connecticut Urology Society***

*26 Sally Burr Road, P.O. Box 854*

*Litchfield, CT 06759*

*860-567-0081 Fax: 860-567-3591*

*Email: [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com)*

Dear Vendor:

Thank you for supporting the Connecticut Urology Society by exhibiting at our Annual Educational Program and Vision Expo.

**Setup hours begin at 6:30 am. and must be completely set up by 7:30 a.m.** Breakdown will begin at 5:00 p.m. Each booth will have a 2' by 6' table and two chairs. No electrical or phones will be provided unless instructed to do so (by fax) and payment for such is received by June 1, 2010. Please see attached form.

I will also need you to fax me the names of the representatives that will be coming to the Aqua Turf Club in Plantsville, CT on September 19, 2013, to have badges prepared to dine with the physicians at the non-CME portion of the program. These name badges must be made in advance to participate with the luncheon. Anyone not wearing a name badge will not be allowed to enter the show. If your company would like to participate in the "promotional bag" which will be distributed to every attendee with product literature and samples please contact Debbie Osborn at [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com). Samples must be received before September 1, 2013 to give the society ample time to pack and distribute.

Please fax the attached form(s) back to 860-567-3591 as soon as possible. If you have any further questions feel free to contact me.

Thank you for your anticipated cooperation and we are looking forward to meeting with you on September 19, 2013.

Sincerely,  
*Debbie Osborn*  
*Executive Director*

***The Connecticut Urology Society***

*26 Sally Burr Road, P.O. Box 854*

*Litchfield, CT 06759*

*860-567-0081 Fax: 860-567-3591*

*Email: [eyemaster2020@yahoo.com](mailto:eyemaster2020@yahoo.com)*

Please read the statements below, check off what applies, sign this form and fax it back to 860-567-3591 **no later than August 10, 2013.**

\_\_\_\_\_ I will be needing an electrical outlet and I am sending back the electrical outlet request form along with payment.

\_\_\_\_\_ I will not be needing an electrical outlet.

Please type or print the names of the representatives that will be coming to the Aqua Turf Club in Plantsville, CT on September 19, 2013.

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Company Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax number \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THANK YOU!**

## ELECTRICAL OUTLET REQUEST FORM

**FUNCTION:** CT Urology Society Annual Education Program and Vendor Expo

**DATE:** September 19, 2013

Please complete this form for your electrical requirements. **IMPORTANT:** Special wattage and amperage required. One single hotel outlet is defined as 110 volt, alternating current, maximum 1000 watts. **MAXIMUM 15 AMPS. (MUST SPECIFY AMPERAGE REQUIRED FOR EACH OUTLET ORDERED)** There is a limited number of dedicated computer circuits, 20 AMP circuits and 220V circuits available.

NAME OF COMPANY: \_\_\_\_\_

ON-SITE CONTACT: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF EQUIPMENT TO BE UTILIZED:

TOTAL # OF SINGLE (NOT DUPLEX) OUTLETS REQUIRED: # \_\_\_\_\_

#1 Outlet \_\_\_\_\_ volts \_\_\_\_\_ watts \_\_\_\_\_ amperage (please specify)

#2 Outlet \_\_\_\_\_ volts \_\_\_\_\_ watts \_\_\_\_\_ amperage (please specify)

#3 Outlet \_\_\_\_\_ volts \_\_\_\_\_ watts \_\_\_\_\_ amperage (please specify)

#4 Outlet \_\_\_\_\_ volts \_\_\_\_\_ watts \_\_\_\_\_ amperage (please specify)

TOTAL # OF DEDICATED COMPUTER CIRCUITS REQUIRED: # \_\_\_\_\_

TOTAL # OF DEDICATED 20 AMP CIRCUITS REQUIRED: # \_\_\_\_\_

#1 Circuit: \_\_\_\_\_ volts \_\_\_\_\_ watts

#2 Circuit: \_\_\_\_\_ volts \_\_\_\_\_ watts

TOTAL # OF 220V CIRCUITS REQUIRED: # \_\_\_\_\_

Type of Plug: Name & NO \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Amps \_\_\_\_\_ Watts \_\_\_\_\_

Type of Equipment to be utilized (please specify): \_\_\_\_\_

\*\*\*NOTE: If a 220 Volt is required, please call hotel directly.

**TOTAL PRICE:**

1 Outlet (single/not duplex)	\$125.00	#__Dedicated computer circuits	\$ 80.00
2 Outlets (Double)	\$150.00	#__Dedicated 20 Amp Circuit	\$105.00
3 Outlets (Triple)	\$175.00	#__Dedicated 220 Volt/Circuit	\$130.00
4 Outlets (Quad)	\$200.00		

Subtotal: \_\_\_\_\_ 6.35% CT sales tax: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

**Please make checks payable to The Connecticut Urology Society. Please send/fax completed form to:**

CT Urology Society, P.O. Box 854, Litchfield, CT 06759

Fax: 860-567-3591 or scan and email to

debbieosborn36@yahoo.com

**\*Important: This form and payment must be received by August 10, 2013** to receive electrical services. The hotel 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.**

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Dear Vendor:

On September 19, 2013 The Connecticut Urology Society will host its Annual Educational Meeting and Vendor Expo. Approximately 100 Connecticut urologists will attend this meeting at the Aqua Turf Club in Plantsville, CT.

Approximately 20-25 vendors will participate in the vendor expo. In addition to vendor exhibits we feature a door prize drawing of over 30 prizes. If your company would like to participate in the door prize event, please fill out the attached form and fax it back to me at your earliest convenience. All prizes will be listed in the non-CME Lunch program and all participants will receive notification of the door prize winners.

This drawing has become the highlight of the meeting and each prize is greatly appreciated by the Connecticut urologists.

We would like to thank you for your anticipated cooperation.

Sincerely,

Debbie Osborn  
Executive Director

*The Connecticut Urology Society*

*26 Sally Burr Road, P.O. Box 854*

*Litchfield, CT 06759*

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## Door Prize Commitment

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Fax Number \_\_\_\_\_

Door Prize Value (Please check appropriate value)

\_\_\_\_ 1000 or more      \_\_\_\_ 750-1000      \_\_\_\_ 500-750

\_\_\_\_ 250-500      \_\_\_\_ 100-250      \_\_\_\_ 50-100

\_\_\_\_ 25-50

Description (i.e. cosmetic basket, wine basket, theater tickets, gift certificates, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Door Prize will be shipped by: \_\_\_\_\_ via \_\_\_\_\_.

If you have any questions, please feel free to contact Debbie Osborn, Program Coordinator, at 860-567-0081. Cell phone 860-459-4377