

**Connecticut ENT Society**

**Annual Educational Meeting and Expo**

**Friday, May 3, 2017 • 8:00 am - 5:00 pm**

**The Waterview • 215 Roosevelt Drive • Monroe, Connecticut**

**Exhibit Hall will be open  
during the hours of  
7:00 am - 5:00 pm**



# WELCOME

*Dear Corporate Exhibitor,*

*CT ENT Society Scientific Meeting & Vendor Expo is now offering the most comprehensive and stimulating array of Ear, Nose and Throat 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 ENT over 160 strong, an organization representing over 92% of otolaryngologists 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.*

*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,*

*Deborah 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. 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).



# ENT EXHIBITOR LEVELS

## PLATINUM EXHIBITOR

**Cost: \$3,250.00** (plus 6.35% CT sales tax \$206.38) **if payment is received by March 15, 2017.**

**\$3,500.00** (plus 6.35% CT sales tax \$222.25) **if payment is received after March 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 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 March 15, 2017 to: [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com).

## GOLD EXHIBITOR

**Cost: \$2,000.00** (plus 6.35% CT sales tax \$127.00) **if payment is received by March 15, 2017.**

**\$2,500.00** (plus 6.35% CT sales tax \$158.75) **if payment is received after March 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: \$1,095.50** (plus 6.35% CT sales tax \$69.56) **if payment is received by March 15, 2017.**

**\$1,295.50** (plus 6.35% CT sales tax \$82.26) **if payment is received after March 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 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 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 Aqua Turf Club 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.**

# ENT 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, CT ENT 860-567-3787, 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](mailto: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 **CONNECTICUT ENT SOCIETY**  
**PO Box 863, Litchfield, CT 06759 Fax: 860-567-3591 • Debbie Osborn Cell: 860-459-4377**  
**Or email credit card payment to [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com)**

# ENT 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), **before March 15, 2017 – \$3,500 After March 15, 2017**

**Gold \$2,000** (plus 6.35% tax), **before March 15, 2017 – \$2,500 After March 15, 2017**

**Silver \$1,095.50** (plus 6.35% tax), **before March 15, 2017 – \$1, 295.50 After March 15, 2017**  
(please check appropriate exhibitor level)

\_\_\_\_\_  
Signature of Authorized Card Holder

\_\_\_\_\_  
Company Name (please print)

\_\_\_\_\_  
Representative Name (please print)

\_\_\_\_\_  
Company Accounting Email

\_\_\_\_\_  
Title

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Representative Cell Phone #

\_\_\_\_\_  
Telephone #

Deborah Osborn  
Representative Email Address

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
CT ENT Authorized Signature

**CT ENT Tax ID#: 06-1521888**

CT ENT • 26 Sally Burr Road • PO Box 863 • Litchfield, CT 06759  
**Fax 860-567-3591 • Phone 860-567-3787**  
email [debbieosborn36@yahoo.com](mailto: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 \* 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**

\$ \_\_\_\_\_ 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!**