

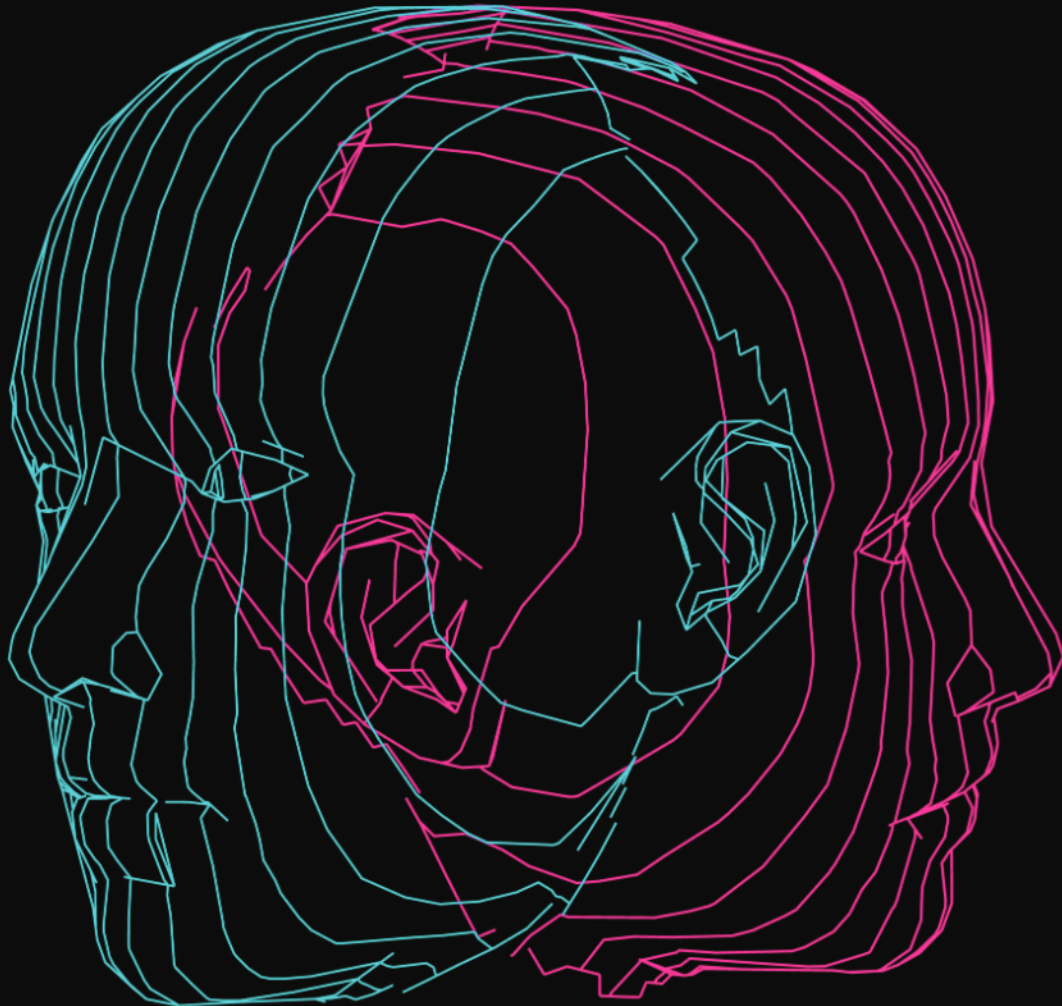


Connecticut ENT Society

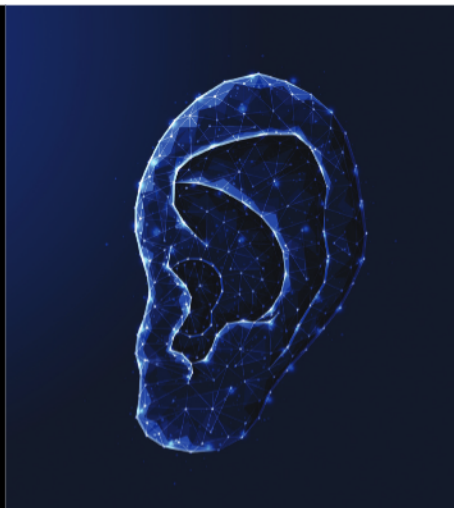
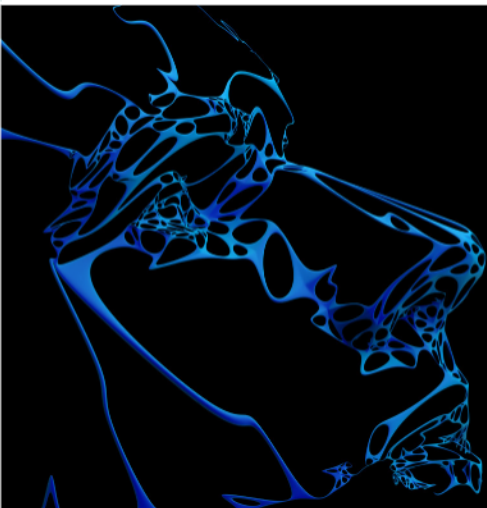
Annual Educational Meeting and Expo

May 1, 2024

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



Exhibitor Packet



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 Club.

With best regards,

Deborah Osborn

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), take a 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**

ENT Exhibitor Levels 5-1-2024

Platinum Exhibitor

Cost: \$5,000.00 (plus 6.35% CT sales tax \$317.50) **if signed contract is received by March 1, 2024.**
\$6,000.00 (plus 6.35% CT sales tax \$381.00) **if contract or payment is received after March 1, 2024.**

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 1, 2024 to: debbieosborn36@yahoo.com. **Additional badges can be purchased for \$450.00 per attendee.**

Gold Exhibitor

Cost: \$2,500.00 (plus 6.35% CT sales tax \$158.75) **if signed contract is received by March 1, 2024.**
\$3,000.00 (plus 6.35% CT sales tax \$190.50) **if contract or payment is received March 1, 2024.**

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

Silver Exhibitor

Cost: \$1,295.50 (plus 6.35% CT sales tax \$82.26) **if signed contract is received by March 1, 2024**
\$1,495.50 (plus 6.35% CT sales tax \$894.96) **if contract or payment is received after March 1, 2024**

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.

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

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.**

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 by March 1, 2024. (please print)

Badges included with your booth - Attendee Names:

Additional Badges \$450.00 each - Attendee Names:

ENT SPONSORSHIP OPPORTUNITIES May 1, 2024

Platinum Series Sponsor

Cost: \$10,000 (plus 6.35% CT sales tax \$635) if signed contract is received by February 1, 2024.

\$11,000 (plus 6.35% CT sales tax \$698.50) if contract is received after February 1, 2024.

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

- Sponsored 45 minutes Product Theater
- Full page advertisement in the Connecticut ENT newsletter if received by Apr. 1, 2024
- 2 approved targeted email blasts to Connecticut ENT membership
- Logo, link and description on Connecticut ENT website (max 200 words)
- Banner ad on e-blasts to potential attendees
- 6 representative registrations
- 10' x 10' Exhibit Booth

Gold Series Sponsor

Cost: \$5,000.00 (plus 6.35% CT sales tax \$317.50) if signed contract is received by February 1, 2024.

\$6,000.00 (plus 6.35% CT sales tax \$381) if contract is received February 1, 2024.

Gold level recognition in Connecticut ENT 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 ENT newsletter if received by Apr. 1, 2024
- 2 approved targeted email blasts to Connecticut ENT membership
- Logo and description on Connecticut ENT website (max 150 words)
- Banner ad on e-blasts to potential attendees
- 6 representative registrations

Silver Series Sponsor

Cost: \$1,095.50 (plus 6.35% CT sales tax \$69.56) if signed contract is received by February 1, 2024.

\$1,295.50 (plus 6.35% CT sales tax \$82.26) if contract is received after February 1, 2024.

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

- Silver level sponsor - 1 minute Product Theater
- Quarter page advertisement in the Connecticut ENT newsletter if received by Apr. 1, 2024
- Logo and description on Connecticut ENT website (max 100 words)
- Banner ad on e-blasts to potential attendees
- 1 representative registration

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

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

- Logo and line with description on Connecticut ENT website (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.

Advertising- Additional cost - one opportunity per meeting on 1st come basis

Lanyards for HCP Attendees \$ 500.00 plus 6.35% tax \$31.75 Total cost per meeting \$ 531.75

ENT Contract and Payment Form 5-1-2024

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 legibly) _____

Company Accounting Email Address _____

Title _____

City State Zip _____

Representative Cell Phone # _____

Telephone # _____

Representative Email Address _____

Fax # _____

Deborah Osborn
CT ENT Authorized Signature

CT ENT Tax ID#: 06-1521888

CT ENT • 26 Sally Burr Road • PO Box 1079 • Litchfield, CT 06759
Text/Scan 860-459-4377 • 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 * 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 \$ _____ Extra Badge Amount \$ _____ Sponsorship Amount

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

\$ _____ **Lanyards** \$ _____ 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!

ENT Electronic and Advertising Form 5-1-2024

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, 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: _____

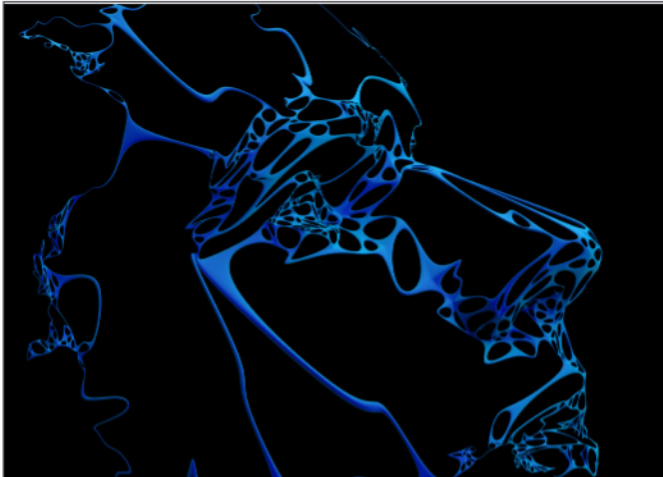
TOTAL # OF SINGLE (NOT DUPLEX) OUTLETS REQUIRED: # _____ amperage (please specify)

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.

ENT SPONSORSHIP/EXHIBITOR OPPORTUNITY DETAILS



Please make checks payable to Connecticut ENT Society
PO Box 863, Litchfield, CT 06759 • Debbie Osborn Cell: 860-459-4377 Or email credit
card payment to debbieosborn36@yahoo.com

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 Ear, Nose and Throat 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

0	6	-	1	5	2	1	8	8	8
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 Osburn* Date ▶ **November 15, 2024**

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.