



COS Annual Meeting

2023 Exhibitor and/or Sponsorship Agreement Form Friday, May 12, 2023 8 am – 2 pm Aqua Turf Club, Plantsville, CT

Company Name: _____

Contact Name: _____ Email: _____

Attending Representative Names and Email Addresses- Must be supplied in advance. **(Important Note: Due to Covid Precautions, ONLY 2 Representatives Maximum are Allowed at the Meeting. Thank you for your adherence and understanding.)**

NAME	Email
_____	_____
_____	_____

Products/Services: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____

We request participation as:

General Exhibitor \$2,000.00 located in Exhibit Room

Please add Sponsorship Level - SPONSOR Add On Level & Additional Cost

Gold Sponsor \$3,000.00

Silver Sponsor \$1,500.00

Breakfast Sponsor \$2,000.00 (limited to one sponsor)

Lunch Sponsor \$2,000.00 (limited to one sponsor)

Do You Need Electrical Connection? Yes No

Exhibitor space and/or sponsorship payment is due at the time of reservation and is non-refundable unless cancelled by COS, the Venue and/or State and Federal regulations. Please note space is not guaranteed until payment has been received by March 1st.

Signature of Authorized Company Representative

Payment Information:

Please make checks payable to **Connecticut Orthopaedic Society (tax id no. 200213167)**. Payment should accompany this application and be mailed to: Susan Schaffman, Executive Director, CT Orthopaedic Society, 26 Riggs Avenue, West Hartford, CT 06107. **For your convenience, we accept Mastercard/VISA/Amex. Please email the COS to request a credit card information form.**

For additional information and questions, please call (860) 690-1146 or email ctorthoexec@gmail.com. Thank you.