

Exhibitor Prospectus

North Carolina Society of Eye Physicians and Surgeons 2015 Annual Meeting

September 11-13, 2015

Myrtle Beach Marriott Resort at Grand Dunes
Myrtle Beach, SC

North Carolina Society of Eye Physicians and Surgeons (NCSEPS)
2015 Annual Meeting

The 2015 Annual Meeting is a much anticipated gathering of ophthalmologists, residents, and medical students from across North Carolina. The next NCSEPS Annual Meeting will be held in Myrtle Beach, SC at the Myrtle Beach Marriott Resort at Grand Dunes September 11-13, 2015.

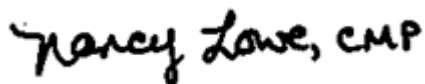
Healthcare organizations, pharmaceutical companies, device manufacturers, insurance companies, and other vendors are invited to participate as exhibitors and sponsors of the three-day meeting. The NCSEPS extends opportunities for exhibit displays, sponsorship of specific aspects of the meeting, and CME speaker underwriting during the meeting. Sponsorship opportunities are available at different monetary levels to fit all types of needs and budget constraints. Networking and recognition opportunities are abundant for health-related and consumer businesses that participate.

Supporters receive:

- Six-plus hours of dedicated display time and/or access to attendees
- Friday cocktail reception, Saturday and Sunday breakfasts, and refreshment breaks with attendees
- Optional Saturday dinner with attendees for Gold and Platinum level supporters
- Discounted group hotel rate
- Attendee contact lists (prior to meeting upon request, hard copy at meeting, post meeting)
- Recognition of organization in print, in on-site program

Please review the enclosed exhibitor information and make plans soon to participate at this important meeting of the North Carolina ophthalmology community. If you have any questions or would like further information on the meeting or sponsorship opportunities, contact me at nlowe@ncmedsoc.org or (919) 833-3836.

Sincerely,



Nancy Lowe, CMP
Associate Director

- **Standard Exhibit space is \$1,500 per 8' x 8' booth (includes 6' table and 2 chairs and attendance for up to two reps).**
- **Silver Sponsor Package is \$5,000, which includes priority booth location, attendance for up to four reps, up to four tickets to the dinner, and special mention in the printed program and in verbal announcements.**
- **Gold Sponsor Package is \$7,500, which includes premium booth location, attendance for up to six reps, up to six tickets to the dinner, and special mention in the printed program and in verbal announcements.**
- **Platinum Sponsor Package is \$10,000, which includes a double booth (two 6' tables) in premium location, attendance for up to eight reps, eight tickets and reserved table for the dinner, and additional recognition as Platinum Sponsor in the printed program and in verbal announcements.**
- **Standard booths are assigned on a first-come, first-served basis as signed applications and monies are received. Assignments of table location are made by the NCSEPS.**
- **Note: * Forms received after September 1, 2015, will incur a \$500 late fee.**

NC Society of Eye Physicians and Surgeons
APPLICATION FOR EXHIBIT SPACE
ANNUAL MEETING, SEPTEMBER 11-13, 2015

TAX ID #58-1314518

Proper completion and submission of this application for exhibit space at the NCSEPS 2015 Annual Meeting shall mean the applicant accepts and agrees to abide by the provisions of this application and Appendix A, Exhibitor Terms and Conditions, which is hereby incorporated and made part of this contract as well as such additional rules and regulations that the NCSEPS deems necessary provided such additional rules and regulations do not materially alter the exhibitor's contractual rights. A contract for exhibit space shall be completed only after a properly completed application along with a payment in full is received by the NCSEPS office.

Payment in full must accompany the "Application for Exhibit Space" via check (payable to NCSEPS), Visa or MasterCard (American Express is not accepted). Please fill in the information requested on this form. Retain a copy for your files, and sign and return this application with payment to:

NCSEPS* PO Box 27167 * Raleigh, NC 27611 * Fax 919-833-2023

Attn: Marissa Gallo mgallo@ncmedsoc.org

Cancellations by August 15, 2015, receive a 50% refund; no refunds provided for cancellations after that date.

NCSEPS is hereby authorized to reserve space for our use in the exhibit area of the 2015 NC Society of Eye Physicians and Surgeons Annual Meeting. Payment must be received prior to September 1, 2015 to ensure acknowledgement in printed materials.

*** Forms received after September 1, 2015, will incur a \$500 late fee.**

- 8' X 8' Booth (includes 6' Table and attendance for up to two reps) – \$1,500** is enclosed with check or credit card information below
- Silver Sponsor Package (8' X 8' Booth, priority location, attendance for up to four reps, and four dinner tickets) – \$5,000** is enclosed with check or credit card information below
- Gold Sponsor Package (8' X 8' Booth, premium location, attendance for up to six reps, and six dinner tickets) – \$7,500** is enclosed with check or credit card information below
- Platinum Sponsor Package (Double Booth [2 6' Tables], premium location, attendance for up to six reps, and six banquet tickets) – \$10,000** is enclosed with check or credit card information below

Visa or MasterCard - **American Express is not accepted**

Credit Card Number: _____ Security Code: _____ Expiration Date: _____

Name on Card: _____ Amount to be charged: \$ _____

Signature of CC Holder: _____ Date: _____

Company/Organization Name: _____

Lettering for Table Sign and Printed Materials: _____

(Tables will be supplied with an identification sign. Please print.)

Market Competitors you would prefer not to be placed near: _____

If electricity is required for display, please note: _____ Yes _____ No

Company Contact Person: _____

Title: _____

Billing Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Company Representative(s) Attending Meeting (individual representative information for name badges and NCSEPS records):
Use additional sheet if necessary. Please update the NCSEPS office as soon as possible as representative names are assigned or changed prior to the meeting.

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Signature of person authorized to approve contract

Printed name of authorized signer

Date

Appendix A: Exhibitor Terms and Conditions

1. **SPACE** - The space contracted is to be used solely for the Exhibitor whose name appears on the Contract. The Exhibitor shall not sublet or assign any portion of same without the written consent of the NCSEPS. Sponsors receive prime display locations and exhibitor space is assigned by the NCSEPS on a first-come, first-served basis as signed applications and monies are received by the NCSEPS office. Two chairs per table are included.
2. **ALL PROMOTIONAL MATERIALS, COLLATERAL OR ACTIVITIES** must be confined within the limits of the Exhibitor's purchased space. Per CME regulations such materials are not permitted in the meeting room or at the meeting registration desk, and may not be delivered to attendees' hotel rooms. **Product theater events require a separate contract**; contact the NCSEPS.
3. **ALL BOOTHS** and decorations **MUST** concur with the facility regulations, city ordinances, and local fire codes. Any violations may result in the removal of any materials found to be in violation. Materials for booth decorations and construction must consist of fire resistant material.
4. **IN EVENT EXHIBITION IS NOT HELD** - The NCSEPS shall not be liable for any damages or expense incurred by Exhibitors in the event the show is delayed, interrupted, or not held as scheduled.
5. **SECURITY** - Security will not be provided in the exhibit area. Exhibitors are urged to remove all valuables during non-exhibit hours. Exhibitor agrees that neither the NCSEPS, nor the facility management is financially liable for theft, damage, loss, or disappearance of any kind. The NCSEPS recommends all Exhibitors contact their insurance agents to confirm proper coverage of exhibit materials. Please read carefully the coverage provided by decorators and shipping companies to determine if additional coverage is necessary. Any additional security must be arranged by the Exhibitor at his own expense, directly from the facility. The facility will be locked during the time that exhibits are not being shown; however, certain facility employees will have access to the space for cleaning, etc.
6. **LIABILITY** - Exhibitor agrees that neither the NCSEPS, nor its representatives, will be responsible for any injury, loss, or damage that may occur to the Exhibitor, the Exhibitor's employees, family, or associates, or property from any cause whatsoever. The Exhibitor, on signing the contract, expressly releases the aforementioned from any and all claims for such loss, damage, or injury.
7. **CANCELLATIONS** - Cancellations by 8/15/15 receive a 50% refund. No refunds are provided for cancellations after that date.
8. **ELECTRICITY** - The NCSEPS will provide standard 110-volt electricity at no charge upon request. Please indicate on the application if electricity is required. For additional power needs, exhibitors should contact the facility.
9. **SIGNAGE** - An identification sign will be provided for each table.
10. **SHIPPING** - Vendors are responsible for ALL arrangements in the shipping of exhibits. Please bring your company's own shipping forms and account number in order to make your own shipping arrangements. Shipping information will be sent with a confirmation to the "Company Contact" listed on the application.
11. **HOTEL RESERVATIONS** – Exhibitors may use the group's discounted hotel rates. Hotel information with group code will be sent with a confirmation to the "Company Contact" listed on the application.

ASSOCIATION CONTACT

For additional information, please contact:

Nancy Lowe, CMP, Associate Director

North Carolina Society of Eye Physicians and Surgeons

PO Box 27167 (222 North Person Street), Raleigh, NC 27611

Phone: (919) 833-3836 / Fax: (919) 833-2023

Email: nlowe@ncmedsoc.org

Thank you for your interest in supporting the NCSEPS and our physician members!

PRELIMINARY EXHIBITOR SCHEDULE

Exact times are subject to change.

FRIDAY, SEPTEMBER 11, 2015	
Between 3:00pm and 6:00pm	Exhibitor Move In / Set Up
6:30pm-8:00pm	Reception for Attendees and Exhibitors
SATURDAY, SEPTEMBER 12, 2015	
7:00am-8:00am	Continental Breakfast and Exhibit Visitation
9:50am-10:30am	Morning Break and Exhibit Visitation
6:30pm-9:30pm	Optional Dinner for Attendees and Silver, Gold and Platinum Level Exhibitors
SUNDAY, SEPTEMBER 13, 2015	
7:00am-8:00am	Continental Breakfast and Exhibit Visitation
9:50am-10:20am	Morning Break and Exhibit Visitation
10:30am	Door Prize Drawing
After 10:30am	Exhibitor Tear Down / Move Out

