



Annual Meeting - Friday, May 10, 2019  
Farmington Marriott, Farmington, CT

**Exhibitor Registration & Agreement Form**

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

Company Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Email \_\_\_\_\_

Products/Services: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

Representative Names Attending

**Maximum 2 for General & Meeting Exhibitors and 4 for Event Exhibitors**

\_\_\_\_\_  
\_\_\_\_\_

**We request participation as (check one):**

- Event Exhibitor** (\$5,000.00) located in Main Foyer
- Meeting Exhibitor** (\$3,500.00) located in Main Foyer
- General Exhibitor** (\$1,500.00) located in Exhibit Room

**Do You Need Electrical Connection?**     Yes     No

***(NOTE: Internet connection cost is not included and is billed direct by the hotel.)***

**Payment Information:**

Payment is due at the time of registration and is non-refundable. Please make checks payable to Connecticut Orthopaedic Society (tax id no. 200213167 - W9 form included). Payment should 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 complete credit card information form and return to COS.*

ALL EXHIBIT SPACE MUST BE PAID BY March 15<sup>th</sup>, OR THE SOCIETY WILL RELEASE THE SPACE FOR ANOTHER EXHIBITOR.

**Signature of Authorized Company Representative**

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For additional information and questions, please contact Susan Schaffman Phone: (860) 690-1146 Email [ctorthoexec@gmail.com](mailto:ctorthoexec@gmail.com). Thank you.