



CONNECTICUT UROLOGY SOCIETY

Exhibitor/Sponsor Prospectus

Live Education Program, Thursday November 19, 2026 8-5 pm

Aqua Turf Club

556 Mulberry Street, Plantsville, CT



UROLOGY EXHIBITOR LEVELS 11-19-26

Platinum Exhibitor

Cost: \$4,500.00 (plus 6.35% CT sales tax \$285.75) if signed contract is received by September 1, 2026.

\$5,500.00 (plus 6.35% CT sales tax \$349.25 if contract or payment is received after Sept 1, 2026

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 Platium 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 October 1, 2026 to: debbieosborn36@yahoo.com.

Gold Exhibitor

Cost: \$3,500.00 (plus 6.35% CT sales tax \$222.25) if signed contract is received by September 1, 2026

\$4,250.00 (plus 6.35% CT sales tax \$269.87) if contract or payment is received September 1, 2026

As a Gold Exhibitor you will be assigned an 8'x10' pipe-draped area with 1 table, two chairs, sign, free WiFi and **three badges for attendees** for the vendor expo. In addition have your name listed on signature cards to insure maximum physician exposure.

Silver Exhibitor

Cost: \$1895.50 (plus 6.35% CT sales tax \$120.36) if signed contract is received by September 1, 2026

\$2,195.50 (plus 6.35% CT sales tax \$139.41) if contract or payment is received after Sept, 1, 2026

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.

SPECIAL ** Silver Exhibit space with below food station sponsorship \$2,500.00 (plus 6.35% CT sales tax)

if contract or payment is received September 1, 2026

You will be assigned a 8'x10' pipe-draped booth space next to your sponsored station, 1 table, two chairs, sign, free WiFi, **1 badge for attendee** included with silver exhibit also you will have your name listed on signature cards to insure maximum physician exposure.

Check your Station choice: Coffee Tea Chocolate Popcorn

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.**

Upon request exhibitors may attend the CME Programs scheduled. Attendance of 80-140 Connecticut Dermatologists is expected. The Aqua Turf provides maximum space for 30 exhibitors. **If names for badges are not received by Oct 1, 2026 there will be a \$25.00 charge per name per badge.**

Name Badges

Please provide name(s) of company representative who will attend by October 1, 2026 (please print)

Badges included with your booth - Attendee Names:

Additional Badges \$450.00 each - Attendee Names:

UROLOGY SPONSOR LEVELS 11-19-26

Platinum Series Sponsor

Cost: \$10,000 (plus 6.35% CT sales tax \$635) if signed contract is received by September 1, 2026

\$11,000 (plus 6.35% CT sales tax \$698.50) if contract or payment is received after September 1, 2026

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

- Sponsored 45 minutes Product Theater
- Full page advertisement in the Connecticut Urology newsletter
- 2 approved targeted email blasts to Connecticut Urology membership
- Logo, link and description on Connecticut Urology website (max 200 words)
- Banner ad on virtual platform
- 6 representative registrations

Gold Series Sponsor

Cost: \$5,000.00 (plus 6.35% CT sales tax \$317.50) if signed contract is received by September 1 2026

\$6,000.00 (plus 6.35% CT sales tax \$381) if contract or payment is received after September 1, 2026.

Gold level recognition in Connecticut Urology e-communications, final program, during conference and website (including

- Gold level Sponsor will have 15 minute Product Theater logo).
- Half page advertisement in the Connecticut Urology newsletter
- 2 approved targeted email blasts to Connecticut Urology membership
- Logo and description on Connecticut Urology website (max 150 words)
- Banner ad on virtual platform
- 6 representative registrations

Silver Series Sponsor

Cost: \$1,895.50 (plus 6.35% CT sales tax \$120.36) if signed contract is received by September 1, 2026

\$2,295.50 (plus 6.35% CT sales tax \$145.76 if contract or payment is received after September 1 2026

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

- Silver level sponsor - 1 minute Product Theater
- Quarter page advertisement in the Connecticut Urology newsletter
- Logo and description on Connecticut Urology website (max 100 words)
- Banner ad on virtual platform
- 1 representative registration

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

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

- Logo and line with description on Connecticut Urology mailers (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.

Please note that none of the sponsorship levels include exhibit booths



Electrical 11-19-26

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, FAX 860-567-4174, 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.

URORLOGY SPONSORSHIP /EXHIBITOR SNACK STATION ADD ON

Snack SPONSORSHIP

Exhibits can be next to high traffic areas

- Coffee Station Tea Station
 Chocolate Station Snac bar

Please Note:

Space is limited and fills up early.

Thank you! Price \$750.00

What's included:

Coffee Station - International Coffees, Cinnamon Sticks, Hot Chocolate, Marshmallows, Almond Biscotti, Chocolate Biscotti

Tea Station - More than 20 varieties of quality tea - Oolong, Darjeeling, English Breakfast, Ceylon, Green; Herbal Varieties Mint, Honey, Lemon Drop

Chocolate Station - Premium Dark, Milk, and White Chocolate made in the USA, Truffles, Mints and loads of M&Ms

Snac bars Station - Healthy choice snack bars, Premium granola bars and assorted snacks

Advertising material for registration packets available ask for pricing

**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <div style="font-size: 1.2em; font-weight: bold;">Connecticut Urology Society</div>		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. <div style="font-size: 1.2em; font-weight: bold;">26 Sally Burr Road</div>		Requester's name and address (optional)
	6 City, state, and ZIP code <div style="font-size: 1.2em; font-weight: bold;">Litchfield, CT 06790</div>		
	7 List account number(s) here (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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
2	6	-	4	4	2	6	6	0	9

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 	Date February 14, 2026
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they