Exhibitor & Sponsor Prospectus

CSOMS Spring CE Symposium Wednesday, April 2, 2025

Facial Cosmetic Surgery for the Office-Based OMS



FEATURING: Dr. Manolis Manolakakis

> St. Clements Castle 1931 Portland-Cobalt Rd Portland, CT 06480

DRAFT SCHEDULE

Wednesday, April 2, 2025

7:45 - 8:30 am Registration and Continental Breakfast; Exhibit Hall Open

8:30 - 9:00 am Welcome & Opening Remarks

David Fenton, DDS, MD, FACS, Program Chair

9:00 - 10:15 am SESSION ONE

10:15-10:30 am Q&A

10:30 - 11:00 am Break in Exhibit Hall

11:00 - 12:15 pm SESSION TWO

12:15-12:30 pm Q&A

12:30 – 1:30 pm Lunch in Exhibit Hall

1:30 - 3:00 pm SESSION THREE & WRAP-UP

MEETING BASICS & OPPORTUNITIES

Who Attends: Oral Surgeons, Residents, and Surgical Staff from New England & New York.

Meeting Size: CSOMS events have historically ranged from 125–150 attendees.

The Details: All exhibitors are listed in the conference program, receive group recognition at the podium, and are entitled to a name-only attendee list (contact information will be provided for those who have consented to share).

Looking for More Exposure? Consider a sponsorship! Additional benefits are available for varying sponsor levels. See next page for details.

CSOMS meetings are some of the best-attended state-society conferences and routinely pull in attendees from CT, as well as MA, ME, NH, VT, RI and NY.

Benefit	Champion Sponsor \$6,000	Strategic Sponsor \$4,500	Ally Sponsor \$2,500	Booth Only \$950
A Dedicated Eblast to CSOMS Membership	\			
Spotlight Podium Recognition				
Promo Material/Literature Drop in General Session				
Featured Logo in Conference Program	\			
Logo featured on website registration page	\			
Banner Ad in Conference e- Marketing	V	V		
Complimentary Booth				
Onsite Signage				
Post-event e-blast recognition	√	✓	V	
Attendee Contact List (for attendees who opt to share info)	V	V	V	
Listed in Conference Program	V	V	V	✓
Podium Group Recognition				
Attendee "Name-Only" List				

EXHIBITOR DETAILS

In accordance with the rules covering the exhibit space offered in connection with the CSOMS CE Symposium, the applicant agrees to the following terms and conditions. Applications and booth rental fee are to be received on or before **March 19**, **2025**, pending space availability. Cancellations made after this date will <u>NOT</u> be refunded.

Booth Location: Booths are assigned upon receipt of both the application and exhibitor fee. Exhibitors will be assigned designated locations. Please respect these assignments; you will be asked to move if you set-up at an unauthorized booth. Electricity is available upon advanced request.

Booth-Only Price: \$950. View our other sponsorship pricing on page 3. **Deadline to register:** March 19, 2025.

Booth Specifications: All exhibit booths are 6 ft long tables. Interference with space of other exhibitors will not be accepted. CSOMS is not liable for damage or loss to exhibitors' properties through theft, fire, accident, or any destructive course.

Booth Setup Time: Wednesday, April 2, 2025 at 7:00 am

Included in Booth-Only Fee: Continental breakfast, lunch, (2) exhibitor registrations and an attendee "name-only" list. Additional representatives may be added for a \$75 per person fee.

Marketing: Company logos should be emailed to <u>clissitzynessmgt.com</u> to be used in advanced and onsite promotion.

Shipping Information: If you have items to ship, please contact Pam Marshall at pmarshall@saintclementscastle.com in advance to inform the venue of updates on delivery, total boxes, etc. Items may be sent to:

Pam Marshall, Director of Sales & Marketing Saint Clements Castle 1931 Portland-Cobalt Road Portland, CT 06480

Area Hotel: Inn at Middletown located at 70 Main St, Middletown, CT 06457

CSOMS has reserved a block of rooms for this event at the rate of \$139 plus applicable taxes and fees. This hotel is approximately a six mile drive to the meeting venue. Contact the hotel directly at (860) 854-6300 and mention **CToralsurgeons**, or book online using code: **CToralsurgeons** at https://www.innatmiddletown.com. We recommend that you book by **February 15, 2025** to secure your room.

Complete and return the form with payment to:

CSOMS PO Box 30 Bloomfield, CT 06002

Attendee Info:

Please complete with information for those actually <u>attending</u> the event.

1st Attendee	
Name:	Title:
Email:	
2nd Attendee	
Name:	Title:
Email:	
Please Select:	
Champion Sponsor: \$6,000	Optional: 3rd or More Attendee: \$75 per person Name: Title: Email:
	near:
Overall Total:\$ Payment I	
Your Organization Informat	Payments: Make checks payable to CSOMS CSOMS Federal Tax ID # 22-3106703
Company Name	Name on Card
Contact Name, Title	Card #
Address	Exp. Date CSV Code
City, State, Zip	Signature
Phone Fax Email	Inquiries may be made to: Claire Lissitzyn at (860) 349-1471 or <u>clissitzynessmgt.com</u>