



SESPRS 2017 JANUARY MEETING EXHIBIT and PROMOTIONAL SUPPORT OPPORTUNITIES

10th Annual Oculoplastic & 33rd Annual Atlanta Breast Surgery Symposia
Atlanta, GA - January 19-22, 2017

Dear Prospective Exhibitor/Supporter:

We are pleased to invite you to support and/or exhibit at our upcoming SESPRS events! Reach SESPRS members and meeting attendees while enjoying first-class facilities at the Intercontinental Hotel in Atlanta, Georgia.

The Southeastern Society of Plastic and Reconstructive Surgeons is the oldest regional plastic surgery society in the United States. The Oculoplastic Symposium, Atlanta Breast Surgery Symposium and Annual Scientific Meeting are recognized by many as some of the most outstanding regional meetings in the country. Our 2017 meetings promise to be educational, exciting and entertaining.

We expect approximately 400 to 450 attendees at our January events, the vast majority of whom are plastic and/or reconstructive surgeons. This year's Oculoplastic Symposium attendees will explore the latest techniques in aesthetic and reconstructive oculoplastic surgery, including what you need to know before and after surgery. Our Breast Surgery Symposium offers insights into the full range of aesthetic and reconstructive surgery of the breast. Live Surgery is one of the highlights of this event.

Interested companies will find a variety of high-profile opportunities to increase their visibility, for a very reasonable cost. Please see page 5 for our "2017 Promotional Support Opportunities." In return for supporting a program, you will be recognized for your support of the event with prominent signage and receive other appropriate benefits.

Exhibit booths and event support opportunities are reserved on a first-come, first-served basis. A tentative exhibit hall schedule and floor plan (subject to change) for the Oculoplastic and Breast events are included. The exhibit halls for the Breast and Oculoplastic Symposium have been expanded and several options are available. We will begin assigning booth space for the Oculoplastic and Breast meetings as fully paid contracts are received.

We hope that you will accept our invitation to reserve an exhibit space and support these meetings. If you have any questions, please do not hesitate to contact Susan Russell srussell@sesprs.org or Valerie Butler vbutler@sesprs.org. You may also call the office for assistance at (435) 901-2544.

We look forward to welcoming you in 2017!

Sincerely,

Susan Russell
SESPRS Executive Director

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EXHIBITOR APPLICATION & AGREEMENT

SOUTHEASTERN SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGEONS 10th Annual Oculoplastic Symposium - January 19, 2017 & 33rd Annual Atlanta Breast Surgery Symposium January 20-22, 2017

Exhibitor Application and Agreement Form

Company: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Principal Contact (Responsible for coordination and communication with meeting planner):

Representative Phone: _____ Fax: _____

E-mail: _____ Website Address: _____

Yes, we will exhibit at the 2017 Oculoplastic and/or Breast Symposium. Our tabletop preference is:

_____	Silver Exhibit Booth	\$4,000 for both Oculoplastic & Breast Symposium
_____	Silver Exhibit Booth	\$3,500 Breast Symposium only
_____	Gold Exhibit Booth	\$5,000 for both Oculoplastic and Breast Symposium
_____	Gold Exhibit Booth	\$4,500 Breast Symposium Only

2017 Program Advertising Options- Very limited - Act FAST if you wish to participate. There are two (2) Full Page Ads and two (2) Half Page Ads available.

(1) Full page inside program front cover	_____	\$2500
(1) Full page inside program	_____	\$2000
(1) Half page inside program	_____	\$1250

Advertisement Requirements: Full page ads require high resolution pdf files with 1/8" bleeds - 6.25" x 9.25". Half page ads require high resolution pdf files with 1/8" bleeds - 6.25" x 4.75". Your company will be responsible to furnish the completed ad no later than December 01, 2016 to the Society office via e-mail.

TOTAL ENCLOSED \$ _____

EXHIBITOR APPLICATION & AGREEMENT (Cont.)

Please list the names of all representatives who will be at the 2017 January SESPRS meetings in conjunction with your exhibit.

Representative In-Charge Name: _____ (Included)
Name: _____ (Included)
Name: _____ (\$250 Addt'l Fee)
Name: _____ (\$250 Addt'l Fee)

Registration for up to (2) representatives is included in the registration fee. An additional \$250 registration fee (\$275 on-site) is required for additional representatives. Maximum four (4) representatives per exhibit space.

Each exhibit space consists of a six (6) foot table-top display. Cancellation of exhibit space requested in writing prior to October 16, 2016 will be considered. No cancellations will be considered after October 16, 2016. Questions: Contact Valerie Butler: vbutler@sesprs.org or call (435) 901-2544.

Credit Card: Visa _____ MC _____ AMX _____ EXP Date: _____

Card #: _____ Security Code: _____

SIGNATURE: _____ DATE: _____

The total contracted amount must be included with this application form. If paying by check please make payable to The Southeastern Society of Plastic and Reconstructive Surgeons (SESPRS).

*****To secure your exhibit space e-mail, fax or mail payment and form to:
SESPRS, 6300 Sagewood Drive, Suite H-255, Park City, UT 84098**

Attestation: On behalf of my company, I have read, understand and agree to the terms and conditions set forth in the **General Information and Conditions of Exhibitor Agreement (pages 8 & 9)** sections of this prospectus.

NAME: _____ DATE: _____

SIGNATURE: _____

Please see the following page for the exhibit space layout. You may request a particular booth at the time your exhibitor agreement is received and paid in full. Space is assigned on a first come basis and a requested booth may be denied due to an earlier competitor company assignment.

Exhibitor Shipping and Deliveries: Shipments to the Intercontinental Hotel will be received up to 7 days in advance. If you are shipping directly to the hotel, address your shipment as follows:

**Intercontinental Hotel
Exhibitor Name/Company Name
Attn: SESPRS - January 21-24, 2016
3315 Peachtree Road, NE
Atlanta, GA 30326**

2017 PROMOTIONAL SUPPORT OPPORTUNITIES

2017 Support Opportunities

Networking Event Options - Two dates available: \$20,000 each

Thursday, January 19, 2017 at 7:00 pm OR Saturday, January 21, 2017 at 7:00 pm

These two evenings are free nights for our attendees and a great opportunity to showcase your company. The function space, basic A/V, and signage will be included. Any F&B costs will be the responsibility of the sponsoring company. Meeting content must be approved by SESPRS program committee. A pre-reg list will be provided to the supporting company to market their event. One e-blast to registrants will be sent on behalf of the supporting company approximately three weeks prior to the event. E-blast content must be provided by supporting company.

Foreign Scholar Program Support \$10,000

In 1995, the Southeastern Society of Plastic and Reconstructive Surgeons initiated the annual Foreign Scholars Program. The purpose of this program is to provide attendance to the Breast Surgery Symposium for three promising upcoming plastic surgeons from countries where we would not normally expect participation. Your company will be recognized on marketing materials for the meeting as the sponsor of our 2017 scholars from Pakistan, in our program, in our attendee registration packets and with signage in our meeting hall.

Bostwick Resident Competition Support \$5,000

Abstracts on breast surgery are accepted from Plastic Surgery Residents throughout the US in good standing in an approved Residency program. These abstracts are judged by our Resident Competition Committee and one Resident is chosen as the winner. Gain recognition for your company as the sponsor of this competitive Resident award. Your company will be recognized on marketing materials for the meeting as the sponsor of our 2017 Bostwick Competition, in our program, in our attendee registration packets and with signage in our meeting hall.

Specific Event Function Support

Oculoplastic Faculty Dinner, Wednesday, January 18, 2017	_____ \$ 6,500
Early Registration Reception, Thursday, January 19, 2017	_____ \$10,000
Welcome Gala Dinner Reception, Friday, January 20, 2017	_____ \$20,000
Breast Symposium Faculty Dinner, Saturday, January 21, 2017	_____ \$25,000

The above options are only available with a paid exhibit space.

Opportunities for Breakfast, Lunch, or Custom support packages are available. Contact Susan Russell to discuss options, dates and custom support budgets at 435-901-2544 or srussell@sesprs.org.

Society Corporate Support Disclaimer: Printed company logos and/or company notations will comply with the rules and regulations of the ACCME, which were revised in 2014. Educational content and industry support will be separated to adhere to ACCME regulations in verbal recognition and/or print as the Society deems appropriate.

2017 PROMOTIONAL SUPPORT APPLICATION

This form indicates interest in providing support as designated below for the January 2017 Southeastern Society of Plastic and Reconstructive Surgeons events.

Upon receipt of this form, you will be sent notification of acceptance/approval and an invoice for payment in full within 30 days of acceptance. All requests are reviewed by the Executive Board of the 2017 Southeastern Society of Plastic and Reconstructive Surgeons to ensure there are no conflicts of interest. Payment in full is due before November 01, 2016.

Company Name: _____

Contact Name/Title: _____

Contact Phone: _____ Fax: _____

Contact E-mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Requested Opportunities: _____

Support Amount Total \$ _____

I understand that as a company supporter I am entitled to the benefits noted herein. I understand that participation does not entitle me or my company to preferred treatment or table placement in the exhibit hall. I understand that Exhibit Space is a separate fee from the support requested unless otherwise noted within the definition of the "Package" purchased. I understand and agree to pay the related fee(s) in full, prior to the meeting and that if I fail to make payment I waive my company's right to the support and to inclusion in the program materials as noted.

Authorized Signature: _____ Date: _____

Payable to:

SESPRS / Attn: Susan Russell
6300 Sagewood Drive, Suite H255
Park City, UT 84098

Credit Card: Visa _____ MC _____ AMEX _____ Exp. Date: _____

Card #: _____ Security Code: _____

SIGNATURE: _____ DATE: _____

Questions and/or additional information, contact Susan Russell, srussell@sesprs.org
or (435) 901-2544

EXHIBITOR GENERAL INFORMATION

EXHIBITOR REGISTRATION:

Exhibitors may register beginning at 5:00 PM on Wednesday, January 18, 2017, if exhibiting at both meetings. Breast Symposium only exhibitors may set-up and register on Thursday, January 19, 2017 around 4:00 PM. Name badges and information will be available at the registration desk. No daily breakdown is required. Exhibits will be open beginning Thursday, January 19, 2017 and end on Sunday, January 22, 2017 at noon.

EXHIBITOR REPRESENTATIVE:

The exhibiting company will name one person as its duly authorized representative, who is responsible for the exhibit and hereby accepts and assumes all responsibility for all representatives or alternates in attendance at its exhibit throughout all exhibit periods. Please notify meeting representatives at any time if there are any changes. ALL MEETING INFORMATION IS SENT TO THE PRIMARY CONTACT'S ATTENTION.

HOTEL INFORMATION AND RESERVATIONS:

The Intercontinental Hotel, 3315 Peachtree Road, NE, Atlanta, GA 30326
Reservations may be made by calling 404-946-9000 or by visiting www.sesprs.org and clicking on the hotel link for these meetings.

HOURS OF EXHIBIT OPERATIONS:

Thursday, January 19, 2017 (Exhibitors for BOTH Meetings)

7:00 AM - 5:30 PM

6:00 - 8:00 PM - Early Registration & Reception which is held in the Exhibit area.

Friday, January 20, 2017

7:00 AM - 5:30 PM

Saturday, January 21, 2017

7:00 AM - 5:30 PM

Sunday, January 22, 2017

7:00 AM - NOON

Breakfast and beverage services will be held in the exhibit rooms. Breakfast and Lunch is provided for two exhibitors per booth or four total if additional exhibitor fees are paid.

INSTALLATION OF EXHIBITS:

Each paid exhibitor space will consist of one 6 foot table top display, table linens and (2) chairs. The exhibit area is carpeted. Your company name and logo will be listed in our exhibitor information and placed in each attendee registration folder, on our website and on printed signage.

Additional equipment i.e. electricity, telephone/internet, etc. are to be provided by the hotel at the exhibitor's expense. Please complete the enclosed hotel request form (pages 11 & 12) and fax it to the number indicated on that form.

All set-up and teardown of exhibits is the responsibility of the exhibitors. Should you require additional assistance, please contact the Intercontinental Hotel directly. Displays are limited to tabletop exhibits only. Any additional enhancement that cannot be contained to the top of the tables is prohibited. Banners, flags, or free-standing booths are permitted as long as it does not interfere with or block a neighboring exhibitor. All exhibits, equipment, displays, literature, video, and audio equipment must be contained within the allotted table space. Exhibits not adhering to these rules and regulations will be dismantled on-site at the exhibitor's expense with no refund.

CONDITIONS OF EXHIBITOR AGREEMENT:

1. **Assignment of Space:** Booth space will be assigned on a first-come, first-served basis based on the date of receipt of the Exhibitor Registration & Agreement Form, full payment and direct company competitors. Exhibitors may request a particular booth space although final decision will be determined by SESPRS. Once space is assigned, an exhibit may only be moved with the mutual consent of SESPRS and the specified exhibitor.
2. **Payment:** Full payment is required with a completed agreement form for exhibit booth to be assigned.
3. **Cancellations:** Cancellations in writing to SESPRS on or before, **October 16, 2016**, will receive a refund of the exhibit fee minus a \$50 processing fee. No refunds will be made for cancellations received after **October 16, 2016**.
4. **Care of Exhibit Space:** Exhibitors must maintain and keep their exhibit booth and the contracted space in good order, at their expense.
5. **Insurance:** In all cases, exhibitors wishing to insure their goods must do so at their own expense. Please send SESPRS proof of insurance.
6. **Protection of Exhibit Space:** Nothing shall be posted, tacked, nailed, screwed, or otherwise attached to columns, walls, floors, or other parts of the hotel without the permission of SESPRS and/or a representative of the hotel. Packing, unpacking, and assembly of exhibits shall be done in designated areas and conform to instructions of SESPRS or hotel representatives.
7. **Default Occupancy:** An exhibitor who fails to occupy contracted space is not relieved of the obligation to pay for space at the full rental price, and SESPRS shall have the right to use that space upon the show's opening.
8. **Use of Space:** Exhibits will only be permitted in the official exhibit area established by SESPRS.
9. **Cancellation or Relocation of Meeting:** If cancellation or relocation of the meeting is due to circumstances within SESPRS's control, SESPRS's liability will be limited to a refund of fees to the exhibitor. If SESPRS has no control over the cancellation or relocation, SESPRS will have no liability of any kind, but may at its discretion, refund any fees paid by the exhibitor.
10. **Liability:** SESPRS does not assume any responsibility for the protection of property of the exhibitor or their representatives, or of the property used in connection with the exhibit, from theft, damage, or destruction. Small or easily portable articles shall be properly secured or removed after exhibit hours and placed in safekeeping by the exhibitor. The exhibitor agrees to hold SESPRS harmless from all such claims and claims of liability of any kind arising from the activities of the exhibitors, its representatives, or from the display or use of property of the exhibitor. SESPRS shall not be liable for failure to provide space to an exhibitor if non-delivery is due to destruction to the building or the exhibit space.

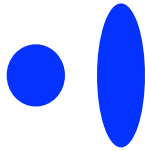
CONDITIONS OF EXHIBITOR AGREEMENT: (Cont.)

11. **Distribution of Printed Material:** Distribution of materials by exhibitors or their agents is limited to the area rented by the exhibitor. Flyers or other printed material may NOT be delivered to hotel rooms of SESPRS registrants without advance permission from the resort and SESPRS. Any costs for such authorized distribution shall be the sole responsibility of the exhibitor. Other than the above, advertising circulars, brochures, etc. may only be distributed from exhibit tables and may not be placed in any meeting room or in the SESPRS registration area.
12. **Exhibitor Seminars, Lectures, Food Functions, etc:** As a condition of receiving exhibit space, the Exhibitor agrees not to conduct, sponsor, or promote any general seminars, lectures, or clinics in the same geographical area (within a radius of 25 miles) for a period of three days prior to or following the January or June annual meetings.
13. Company agrees that any Society mailing lists received as a part of this agreement may only be used to promote Company's participation in the Exhibit Hall at this official Society event. Further, Company agrees that nothing in this agreement is meant to provide an endorsement (express or implied) of the company's products or services, nor is Company granted the right to hold any social or other event at the Society's chosen meeting venue that is not considered an official SESPRS event. The opportunity to host a non-sanctioned event may be considered through a separate contract with the Society. Details of such a contract, and any associated fees are to be negotiated separately.
14. **Food or Beverage in Exhibitor Booths:** No food, beverages or tobacco products of any type may be sold or distributed from an exhibitor table.
15. **Price List:** Advertisements, exhibit materials or promotion may include prices, but shall not make price comparisons with competitive products.
16. **Removal of Exhibits by SESPRS:** SESPRS has the right to prohibit, bar, prevent and remove any exhibit or proposed exhibit, or any part or portion thereof, which in the judgment of SESPRS is unsuitable or inappropriate for the exhibition. Such right shall extend to, but shall not be limited to, all equipment, materials, displays, installations or other items or things consisting of, part of, or used or distributed in connection with such exhibit. Specific punitive actions may be taken against companies that are determined by SESPRS to have violated any provision of these rules and regulations.
17. **Selling of Products or Services:** All transactions must be conducted in a manner consistent with the professional nature of the exhibits.
18. **Violation of Condition:** The following actions shall constitute a violation of Conditions of the Exhibitor Agreement: 1) Violation of any municipal, state, or national laws, rules, or regulations, including safety codes; and 2) Failure to follow procedures prescribed in this prospectus.
19. **Acceptance of Exhibit Contracts:** SESPRS may refuse space to any company or individual whose products or services, in the judgment of SESPRS, do not further the educational and/or scientific purposes of the meeting.

EXHIBITOR ROOM DIAGRAMS

KEY:

Food and Beverage Stations



Plant Border



Gold Exhibit Booths



Silver Exhibit Booths



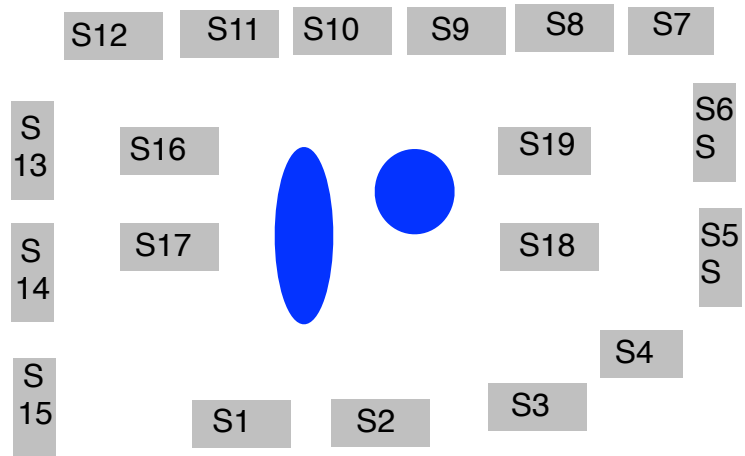
MAIN BALLROOM

ALL GENERAL SESSIONS

Windsor Ballroom A, B & C

Windsor Ballroom D

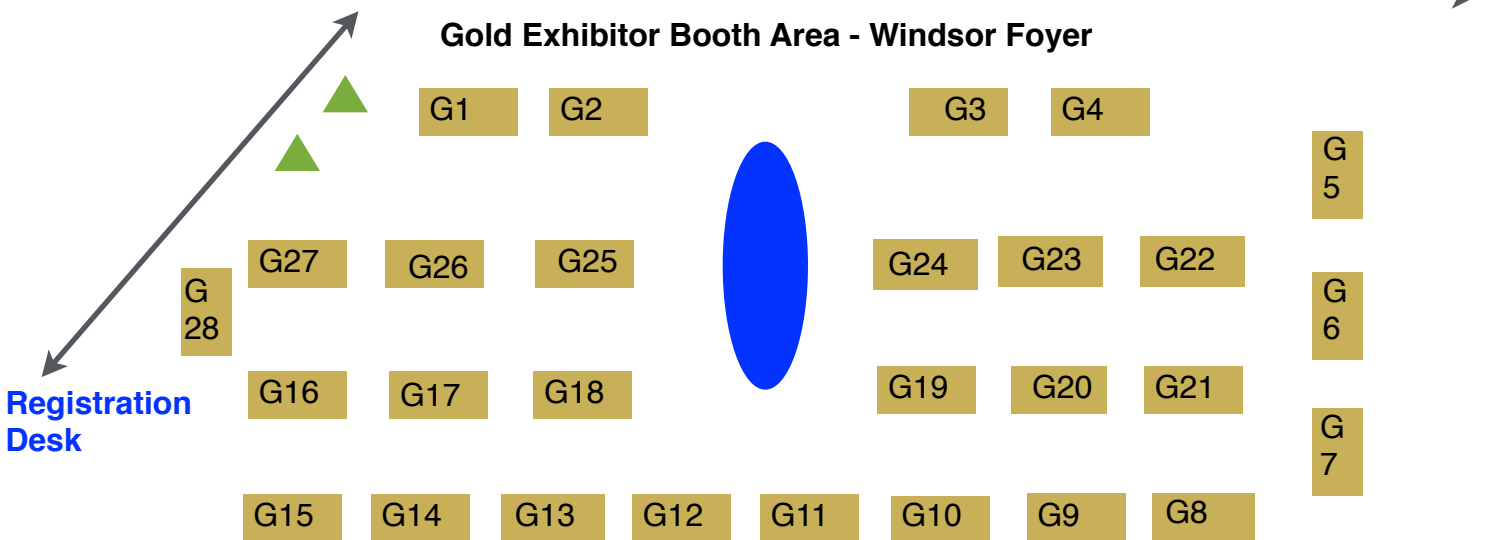
Silver Exhibitor Booths



Entry and Exit to Ballroom D

Main Entrance and Exit to Ballroom

Gold Exhibitor Booth Area - Windsor Foyer



EXHIBITOR HOTEL ORDER FORM



AUDIOVISUAL EXHIBITOR SERVICES

NAME OF CONFERENCE:	START DATE:	END DATE:	# EVENT DAYS:
COMPANY NAME:	ON-SITE CONTACT NAME:	ROOM/EXHIBIT BOOTH #:	
STREET ADDRESS:	CITY & STATE :	ZIP CODE:	
TELEPHONE NUMBER:	DELIVERY DATE	DELIVERY TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
EMAIL ADDRESS:	PICKUP DATE	PICKUP TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
ORDERED BY:			

PSAV WILL CONTACT YOU DIRECTLY FOR PAYMENT INFORMATION. PRICING IS PER DAY.

If you have a special request or need additional equipment, please call 404.946.9159. Email completed form to dlinder@psav.com

PRICES ARE FOR EXHIBIT FLOOR ONLY. ALL RENTAL PRICES SUBJECT TO 15% MARKUP IF ORDERED DAY OF.

AUDIO EQUIPMENT	QTY	PRICE
CD Player		\$80
Wired Microphone: <input type="checkbox"/> Handheld <input type="checkbox"/> Lavalier		\$65
Wireless Microphone Unit: <input type="checkbox"/> Handheld <input type="checkbox"/> Lavalier		\$190
Individual Small Powered Speaker (up to 5 people)		\$110
Sound System: (2) speakers (2) stands (1) Mixer Wired Microphone (up to 20 people)		\$290
4-Channel Mixer		\$70

ACCESSORIES	QTY	PRICE
Tripod Screens: 5', 6', 7' or 8'		\$90

CUSTOM ITEMS	QTY	PRICE
<i>Package Handling and Internet billed by the InterContinental Buckhead Hotel</i>		
Box Handling Fee Per box-Under 20lbs (one time charge)		\$10
Box Handling Fee Per box-21-50lbs (one time charge)		\$25
Box Handling Fee Per box-over 51lbs (one time charge)		\$75
Pallet Delivery per pallet (one time charge)		\$150
Wired Internet Connection		\$295
Additional Wired Connection - each		\$95
Wireless Internet Connection - each		\$50

MONITORS	QTY	PRICE
22" Multi Sync (Wallmount; Single Pole Stand)		\$ 200
32" LCD Monitor (Dual Post Stand, Table Stand, Speakers)		\$ 375
46" Monitor (Dual Post Stand, Table Stand, Speakers)		\$495
55" Monitor (Dual Post Stand, Table Stand, Speakers)		\$595
70" Monitor (Dual Post Stand, Table Stand, Speakers)		Please contact PSAV for quote

POWER	QTY	PRICE
120V - 5 AMP		\$125
120V - 10 AMP		\$175
120V - 15 AMP		\$225
208V Single Phase - 20 AMP		Call
208V Single Phase - 30 AMP		Call
208V Single Phase - 60 AMP		Call
208V Three Phase - 20 AMPs		Call
208V Three Phase - 30 AMPs		Call
208V Three Phase - 60 AMPs		Call
25' AC Cable		\$25
Power Strip		\$25

ORDERING INSTRUCTIONS

To guarantee equipment availability and advanced rate, this order should reach us 21 days prior to delivery.

Operator labor, if requested, is subject to the prevailing hourly rate with a 4 hour minimum. An electronic receipt will be emailed to you.

The total charge per item is determined by multiplying the price by the quantity ordered. Please include applicable Sales Tax on equipment rental.

TAX EXEMPT STATUS – If you are exempt from payment of sales tax, we require you to forward an exemption certificate for the state in which the services are to be provided.

CANCELLATIONS:

- A) Cancellations received within 48 hours of the scheduled delivery date are subject to a 50% fee applicable to equipment and tax.
- B) Cancellations received on the day of scheduled delivery or "no-shows" are subject to the full amount of the order to include installation, drayage and tax.

Labor and/or service charges may apply, and/or loss damage waiver.

SHIPPING INSTRUCTIONS

Any materials being sent to the hotel must be marked as follows:

1. InterContinental Buckhead Atlanta
2. Hold for Arrival - Attn: Guest's Name and/or Organization Name
3. Complete Return Address
4. Number of Boxes (ex: Box 1 of 2, Box 2 of 2)
5. Address Packages to:
3315 Peachtree Road NE, Atlanta, GA, 30326



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Credit Card Consent / Security Deposit Form
InterContinental Buckhead Hotel PSAV Loc #: 1568

Credit Card Type: *American Express* _____ *Discover* _____ *MasterCard* _____ *Visa* _____

Credit Card Number: _____

Exp Date: _____ **Security Code** _____

Customer PO: _____

(If no Purchase Order # provided use location # and Order ID XXXX XXXX)

Cardholder's Name: _____

(As it appears on credit card)

Cardholder Billing Address: _____ **Zip Code (REQUIRED):** _____

(Only numeric portion required)

Cardholder email address: _____

Customer Name: _____

(Name as it should appear on the invoice)

Invoice/Order Number(s): _____

I, (please print) _____, certify the above information to be true and correct to the best of my knowledge. As the cardholder, I am authorizing the above credit card account to be charged for the attached order and any additional amounts incurred as a result of all show site changes ordered by my representatives and/or place my card on file for Security Deposit purposes in the event of payment default, cancellation fees or damages/losses owed per PSAV Terms and Conditions – See Terms and Conditions.

Signature _____ **Date** _____

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