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 2018 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 which takes place on Friday, January 19, 2018.

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 “2018 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. 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 Kylee Palmer kpalmer@sesprs.org You may also call the office for assistance at (435) 901-2544.

We look forward to welcoming you in 2018!

Sincerely,

Susan Russell
SESPRS Executive Director
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**SESPRS 2018 JANUARY MEETING**  
**EXHIBIT and PROMOTIONAL SUPPORT OPPORTUNITIES**

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<th>Page</th>
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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 2018 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

2018 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 _____
(2) 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, 2017 to the Society office via e-mail.

TOTAL ENCLOSED $ __________________
Please list the names of all representatives who will be at the 2018 January SESPRS meetings in conjunction with your exhibit.

Representative In-Charge Name: ___________________________________ (Included)
Name: ____________________________________________________________ (Included)
Name: ____________________________________________________________ ($250 Add'l Fee)
Name: ____________________________________________________________ ($250 Add'l Fee)

Registration for up to (2) representatives is included in the registration fee. An additional $300 registration fee ($325 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 13, 2017 will be considered. No cancellations will be considered after October 13, 2017. Questions: Contact Susan Russell: srussell@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
   3315 Peachtree Road, NE
   Atlanta, GA 30326
2018 Support Opportunities

Networking Event Options - Two dates available: $20,000 each
Thursday, January 18, 2018 at 7:00 pm OR Saturday, January 20, 2018 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. Several e-blast to registrants will be sent on behalf of the supporting company prior to the event. Faculty members of the event may not be utilized by the supporting company for these events.

International 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 2018 scholars from Iran, 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 2018 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 17, 2018 $6,500
- Early Registration Reception, Thursday, January 18, 2018 $10,000
- Welcome Gala Dinner Reception, Friday, January 19, 2018 $20,000
- Breast Symposium Faculty Dinner, Saturday, January 20, 2018 $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. Educational content and industry support will be separated to adhere to ACCME regulations in verbal recognition and/or print as the Society deems appropriate.
This form indicates interest in providing support as designated below for the January 2018 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 2018 Southeastern Society of Plastic and Reconstructive Surgeons to ensure there are no conflicts of interest. Payment in full is due before November 01, 2017.

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 17, 2018, if exhibiting at both meetings. Breast Symposium only exhibitors may set-up and register on Thursday, January 18, 2018 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 18, 2018 and end on Sunday, January 21, 2018 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 meetings tab and one of the January meetings - then reserve your room.

HOURS OF EXHIBIT OPERATIONS:

Thursday, January 18, 2018 (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 19, 2018  Saturday, January 20, 2018  Sunday, January 21, 2018
7:00 AM - 5:30 PM    7:00 AM - 5:30 PM    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.
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 13, 2017**, will receive a refund of the exhibit fee minus a $50 processing fee. No refunds will be made for cancellations received after **October 13, 2017**.

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.
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

MAIN BALLROOM
ALL GENERAL SESSIONS

Windsor Ballroom
A, B & C

**KEY:**
- Food and Beverage Stations
- Gold Exhibit Booths
- Silver Exhibit Booths
- Plant Border

**Windsor Ballroom D**
Silver Exhibitor Booths

**Entry and Exit to Ballroom D**

Main Entrance and Exit to Ballroom

Gold Exhibitor Booth Area - Windsor Foyer

**Registration Desk**

Restrooms
## Exhibit Hotel Order Form

### Audiovisual Exhibitor Services

- **InterContinental Buckhead Atlanta**

### Form Details

<table>
<thead>
<tr>
<th>Name of Conference:</th>
<th>Start Date:</th>
<th>End Date:</th>
<th># Event Days:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>On-Site Contact Name:</td>
<td>Room/Exhibit Booth #:</td>
<td>ZIP Code:</td>
</tr>
<tr>
<td>Street Address:</td>
<td>QTY &amp; State:</td>
<td>Delivery Date:</td>
<td>Delivery Time: AM PM</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>Pick-Up Date:</td>
<td>Pickup Time: AM PM</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td>Order By:</td>
<td></td>
<td></td>
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</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Item</th>
<th>QTY</th>
<th>Price</th>
</tr>
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<tbody>
<tr>
<td>CD Player</td>
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<td>$80</td>
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<tr>
<td>Wired Microphone:</td>
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<tr>
<td>- Handheld</td>
<td></td>
<td>$65</td>
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<tr>
<td>- Lavaliar</td>
<td></td>
<td></td>
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<tr>
<td>Wireless Microphone Unit:</td>
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<td></td>
</tr>
<tr>
<td>- Handheld</td>
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<td>$190</td>
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<tr>
<td>- Lavaliar</td>
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<tr>
<td>Individual Small Powered Speaker (up to 5 people)</td>
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<td>$110</td>
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<tr>
<td>Sound System: (2) speakers (2) stands (1) Mixer Wired Microphone (up to 20 people)</td>
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<td>$290</td>
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<tr>
<td>4-Channel Mixer</td>
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#### Accessories

<table>
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<tr>
<th>Item</th>
<th>QTY</th>
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<tbody>
<tr>
<td>Tripod Screens: 5', 6', 7' or 8'</td>
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<td>$90</td>
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#### Custom Items

Package Handling and Internet billed by the InterContinental Buckhead Hotel

<table>
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<th>Item</th>
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<tr>
<td>Box Handling Fee per box Under 20lbs (one time charge)</td>
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<td>Box Handling Fee per box-21-50lbs (one time charge)</td>
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<td>$25</td>
</tr>
<tr>
<td>Box Handling Fee per box-over 51lbs (one time charge)</td>
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<td>$75</td>
</tr>
<tr>
<td>Pallet Delivery per pallet (one time charge)</td>
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<td>$150</td>
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<tr>
<td>Wired Internet Connection</td>
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<td>$295</td>
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<tr>
<td>Additional Wired Connection - each</td>
<td></td>
<td>$95</td>
</tr>
<tr>
<td>Wireless Internet Connection - each</td>
<td></td>
<td>$50</td>
</tr>
</tbody>
</table>

#### 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 10% fee applicable to equipment and tax.

B) Cancellations received on the day of scheduled delivery or "no-shows" are subject to a 50% fee applicable to equipment and tax.

**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

**Labor and/or Service Charges May Apply, and/or Loss Damage Waiver.**

### Special Requests

Please add any items not listed above that you require.

©2015 PSAV. All Rights Reserved.
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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