Ohio Valley Society of Plastic Surgeons
May 31st – June 2nd, 2019 (PLEASE NOTE DATE CHANGE)
French Lick Resort, French Lick, IN

EXHIBIT RESERVATION FORM

Exhibit Dates & Hours: **Friday, May 31st, Saturday, June 1st, Sunday, June 2nd (7:00 A.M. – 4:00 P.M.)**
Setup: **Thursday, May 30th after 5 p.m. or Friday, May 31st before 7:00 A.M.**

Company Name _____

Contact Name _____ Email: _____

Address: _____

City, State, Zip _____

Telephone: _____ Fax: _____

Exhibit/Sponsorship Options

☐ One 6-ft table- $2000 – Standard
☐ Two 6-ft tables - $3000 – Standard
☐ Silver $5000 - $8,000
☐ Gold $8,000 - $10,000
☐ Platinum >$10,000

Electrical Requirements (If left blank, electricity cannot be guaranteed on site:

☐ We do not require electricity. ☐ We will utilize a standard electrical outlet. ☐ Other_____

Representative(s) Attending:

	Name	Mailing Address	City	State	Zip	*Cell Phone & Email Address
2						
3						
4						

Sponsorship funding is welcomed in addition to exhibit fee (See above options):

☐ Contact my company regarding $ _____ sponsorship. Applicable contact information is listed below.

Name: _____
Telephone: _____
Email: _____

We understand and agree to follow the policies of the **STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION** in support of the Ohio Valley Society of Plastic Surgeons Annual Meeting.

Authorized Signature _____ Date _____ Total Enclosed _____

Please submit online (WWW.OVSPS.ORG, Conference Exhibitor Tab) or return this form via mail or fax ASAP to:
Darlene Lyons, Administrator
OVSPS
37122 Tail Feather Drive, North Ridgeville, OH 44039
Cell (216) 375-5025 / Fax (440) 731-8762
lyons@ovsps.org or lyonsden@ameritech.net
OVSPS Tax ID# is 23-7351760
Acceptable modes of payment: Check, Credit Card or Paypal.

Charge my ____MC ____VISA ____AMEX Card #_____ *Exp._____

*Security Code_____ *Name on card _____ *Billing Zip Code_____

*Total amount enclosed: $_____*Denotes required field.