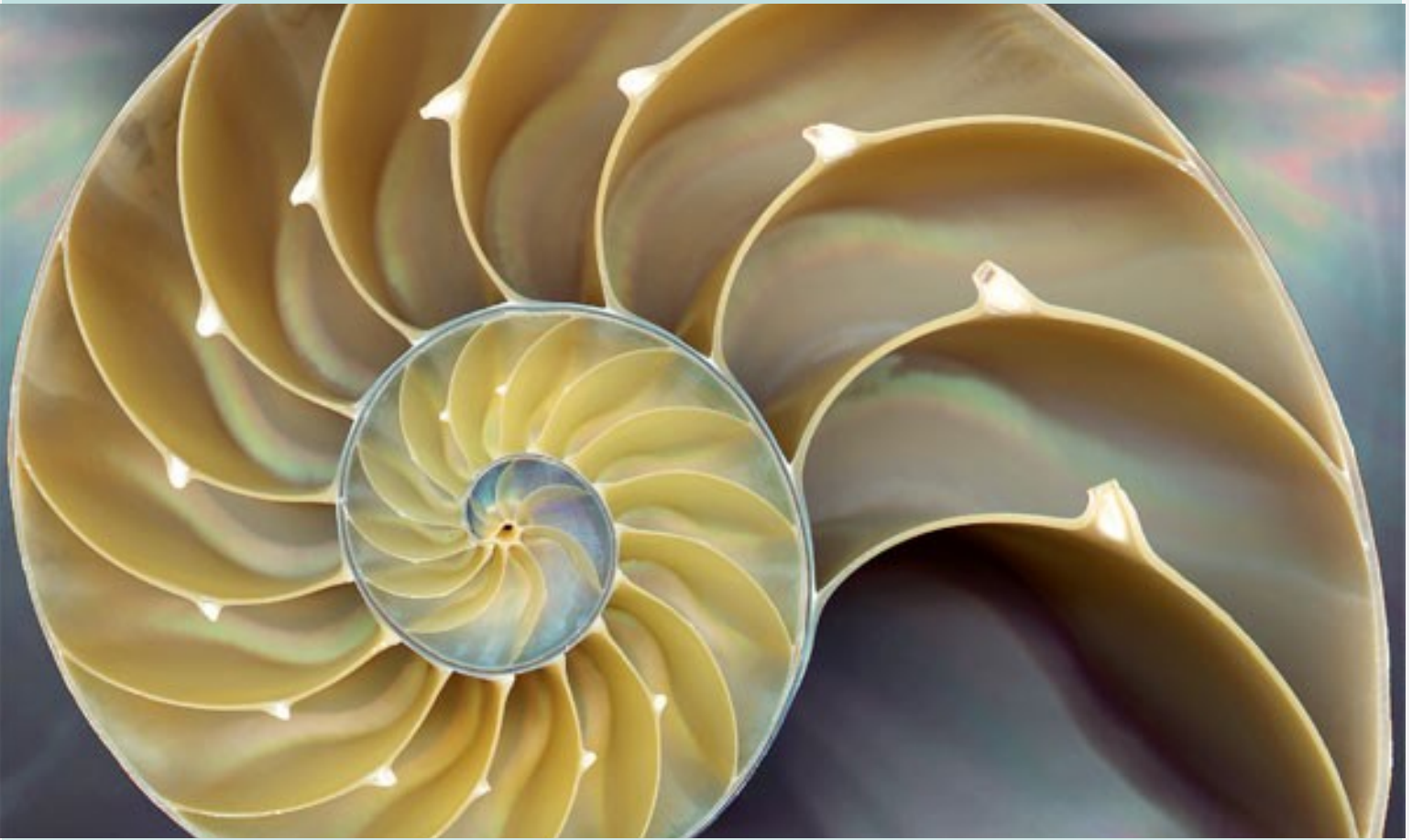


# Otosclerosis Study Group

## Exhibitor Information



86th Annual Meeting  
Friday, September 27, 2024

***South Beach, FL***

Scientific Program  
"Photo Counting Imaging"  
Doc's Discussion (Case Studies)

## PATRON LEVELS

### ◆ PLATINUM LEVEL

\$3,500

- Company name & logo noted as a Platinum Patron on patron signage throughout the meeting
- A/V Support—Your company name and logo will be displayed in the meeting room on the overhead until the scientific meeting begins
- Admission into scientific meeting for two company representatives
- Exclusive placement in exhibitor area, with one exhibit table and two chairs
- Patron level ribbons on name badges

### ◆ GOLD LEVEL

\$2,500

- Company name & logo noted as a Gold Patron on patron signage throughout the meeting
- Admission into scientific meeting for two company representatives
- One exhibit table and two chairs
- Patron level ribbons on name badges



## Otosclerosis Study Group 86th Annual Meeting

The 86th Annual Otosclerosis Study Group meeting will be held at 5:30 PM on Friday, September 27, 2024 in South Beach at Villa Azur (309 23RD STREET, MIAMI BEACH, FL 33139). We would very much appreciate having you join us as an exhibitor for this upcoming meeting. We are offering two levels of exhibitor support for the meeting: Platinum and Gold. We are limiting the Platinum Exhibitor Level to fourteen companies, on a first come first served basis.

### Agenda

5:00 PM—5:30 PM	Exhibitor Set-up
5:30 PM—6:30 PM	Registration / Meet with exhibitors- Drinks & hors d'oeuvre served
6: 30 PM—6:45 PM	Business Meeting
6:45 PM—7:45 PM	Scientific Session
7:45 PM—9:30 PM	Dinner in the Courtyard
9:30 PM—10:00 PM	Exhibitor Breakdown

## REGISTRATION CHECKLIST

- Registration Form
- Contract
- Company Logo— .EPS or High-Res JPEG (email logo to [execadmin@carolinaear.us](mailto:execadmin@carolinaear.us))
- Payment

## 3 WAYS TO REGISTER

1. Fax completed documents to:  
919-876-6800
2. Email completed documents to:  
[execadmin@gmail.com](mailto:execadmin@gmail.com)
3. Mail completed documents to:  
John T. McElveen, Jr., M.D.  
Carolina Ear & Hearing Clinic  
Attn: OSG  
5900 Six Forks Rd, Ste 200  
Raleigh, NC 27609-3838

## QUESTIONS?

Please contact John McElveen at: 919-349-4327 or Courtney Gray at: 919-876-4327

## 1 CONTACT INFORMATION

Company Name

Office Contact

Phone (required)

Email (required)

## 2 EXHIBITOR ATTENDEES

Name Badge 1

Cell Phone

Email

Name Badge 2

Cell Phone

Email

## 3 PATRON LEVEL

- Platinum \$3,500 (limited to 14 companies)
- Gold \$2,500

## 4 PAYMENT

CHECK (Preferred) #

AMEX     VISA     MC

Name on Card

Billing Address

Billing City, State, Zip

CC Number

Expiration

CVV Code

# Exhibitor Contract

## Exhibitor Contract Terms

1. If purchased, each company will receive one table for the 86th Annual Otosclerosis Study Group meeting.
2. Exhibitors will not be permitted to assign or sublet with others any part of the space allotted to them.
3. It is agreed that the Otosclerosis Study Group and the host facility shall not be liable for any damage to, or destruction of, any exhibit from any cause or for the theft or disappearance of any exhibit or any property contained in or about the exhibit booth area.
4. The exhibitor agrees to indemnify and hold harmless the Otosclerosis Study Group and the host facility or their employees or their representatives against any and all liabilities for damage, injury or loss to all persons and any and all claims arising out of acts or omissions of exhibitors, their employees or their representatives.
5. The Otosclerosis Study Group will only refund exhibitors who are pre-registered the cost of booth space and will not be held responsible or liable for charges or damages for any failure of performance due to acts of nature, labor disputes, and shortage of materials, governmental authority, or other circumstances beyond the reasonable control of either party.
6. Neither the Otosclerosis Study Group nor the venue maintains insurance covering property brought onto the venue's premises by exhibitors and it is the responsibility of the exhibitor to obtain or maintain such coverage at their own expense.

## Payment

Exhibitors must guarantee payment in full, in the amount selected on the registration form, before or on the date of the meeting or exhibitors will not be able to exhibit.

## Refund Policy

Cancellations for all registered exhibitors 90+ days prior to the meeting date are eligible for a 50% refund. Cancellations 59 days or less before the meeting date are not eligible for a refund.

## Agreement

As an exhibitor, I agree and adhere to all policies and regulations. If for any reason, the meeting must be cancelled, management is not liable for any costs other than entry space fees that are already pre-paid. If the date or location must be changed for any reasons beyond management's control, it is agreed that the booth fee is non-refundable as a date or location change will be provided. Should my company decide to cancel this agreement and not exhibit at the event, a 50% refund will be issued if cancelled 90+ days prior to the meeting date. Cancellations 59 days or less before the meeting date area not eligible for a refund.

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Print Name

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Signature

Date

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Title

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Phone

Email