

# INDUSTRY PROSPECTUS



To our Industry Partner:

On behalf of the Northeastern Society of Plastic Surgeons (NESPS) let us personally invite you to participate as a supporter of our Spring Workshop to be held on Saturday, March 2, 2019 at the Lotte New York Palace Hotel in New York City.

The Spring Workshop aims to provide surgeons and residents with a full day of programming, a dynamic 8-hour course led by first class faculty from the Northeast.

The NESPS Board of Directors are pleased to provide support opportunities for this meeting so please view the exclusive opportunities below. We hope you will join us for this exciting event in the spring of 2019!

Sincerely,

Babak J. Mehrara, MD  
President

Peter J. Taub, MD  
Vice President

Brian S. Glatt, MD  
Secretary

John D. Potochny, MD  
Treasurer



**2019 NESPS Spring Workshop**  
**RHINOPLASTY**  
**Lotte New York Palace Hotel**



## CORPORATE SUPPORT OPPORTUNITIES

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Should you wish to discuss commercial support please contact:

Yvonne Grunebaum, NESPS Director of Industry Relations | 978.927.4529 | [ygrunebaum@prri.com](mailto:ygrunebaum@prri.com)

**DIAMOND LEVEL (Exclusive to two non-competing companies)**

**\$20,000**

The Diamond Level is limited to two companies only. The Diamond Level supporters will receive:

- (2) Table Top 10x10 Exhibit Spaces
- 5 Complimentary Registrations
- Pre-registration and final attendee mailing list\*
- Recognition as the Diamond Level Supporter in all marketing materials, including transition slides, dedicated onsite signage, program books, the Society website, and email communications
- First right of refusal for the Diamond Level for the following workshop
- Support of all coffee breaks
- Ad Space in the Spring edition of the NESPS Newsletter

**GOLD LEVEL**

**\$10,000**

The Gold Level supporters will receive:

- (1) Table Top 10x10 Exhibit Spaces
- 3 Complimentary Registrations
- Pre-registration and final attendee mailing list\*
- Recognition as the Gold Level Supporter in marketing materials including transition slides, and program books

**BRONZE LEVEL**

**\$ 5,000**

The Bronze Level supporters will receive:

- (1) Table Top 10x10 Exhibit Spaces
- 2 Complimentary Registrations
- Recognition as the Bronze Level Supporter in marketing materials including transition slides, and program books

**SYMPOSIA**

The Northeastern Society of Plastic Surgeons (NESPS) is also now considering the incorporation of satellite symposia into the Spring Workshop. If this is of interest please contact:

Stanley F. Alger, III, NESPS Executive Director | 978-927-8330 ext. 509 | [salger@prri.com](mailto:salger@prri.com)

\*Pre-registration mailing list available no sooner than February 22, 2019 and final attendee list may not be available until 1 week after the event.



## EXHIBIT INFORMATION

### FOOD FUNCTIONS IN EXHIBIT AREA

Continental Breakfast, as well as coffee breaks will be served in the exhibit area which is located in the Holmes Foyer just outside of the general session which is in the Holmes Ballroom I and II.

### REFUNDS AND CANCELLATIONS

Cancellations received in writing by January 11, 2019 will be subject to a 25% administrative fee. There will be no refunds for cancellations received after January 11, 2019.

### INSTALLATION OF EXHIBITS

The exhibit area will be available for set-up from 6:00 am – 7:00 am on Saturday, March 2, 2019. Breakfast will be available for attendees beginning at 7:00 am.

### SERVICE KIT

The Service Kit will be available online approximately 3 months before the meeting. You will be notified when it is available. It will include:

- Shipping instructions
- Electrical Order Form
- Updated Exhibitor Information
- Any other needs you may have to prepare for the meeting

### EXHIBIT PERSONNEL

All exhibit personnel must be registered. Each person will be issued an exhibitor badge and must be employed by the Exhibitor or have a direct business affiliation. Additional badges are available for \$100 per badge. An exhibitor badge allows access to the sessions.

### SPECIAL NEEDS



If you require special accommodations in order to fully participate in the meeting, please contact the Northeastern Society of Plastic Surgeons administrative office.

### FIRE PROTECTION

All materials used in the exhibit area must be flameproof and fire-resistant in order to conform to the local fire ordinances and in accordance with regulations established by the local fire department. Crepe paper or corrugated paper, flameproof or otherwise, will not be permitted. Excelsior or other paper is not to be used in crating merchandise. Display racks, signs, spotlights and special equipment must be approved before use, and all displays are subject to inspection by the Fire Prevention Bureau. Any exhibits or parts thereof found not to be fire-proof may be dismantled. All aisles and exhibits must be kept clear at all times, and fire stations and fire extinguisher equipment are not to be covered or obstructed.

### PROTECTION OF THE BUILDING

Exhibitors will be held liable for any damage caused to the convention center property. No material or matter of any kind shall be posted on, tacked, nailed, screwed or otherwise attached to columns, walls, floors or other parts or portions of the buildings or furnishings. Whatever may be necessary to properly protect the building, equipment or furniture will be installed at the expense of the exhibitor.

## **HAZARDOUS WASTE**

Exhibitor assumes responsibility and any liability for removal or disposal of any material considered to be hazardous waste material. Exhibitor also agrees to conform to any local ordinances and regulations concerning the disposal of any and all hazardous waste.

Any and all costs incurred in the removal of hazardous waste from the exhibit facility will be the sole responsibility of the exhibitor.

## **INDEMNIFICATION**

The Hotel and NESPS shall indemnify, defend and hold harmless the exhibitor and its officers, directors, partners, agents, members, managers and employees from and against any and all demands, claims, damages to persons or property, losses and liabilities, including reasonable attorney's fees (collectively "Claims") arising out of or caused by the exhibitor's negligence in connection with use of the Hotel facilities, except to the extent and percentage attributable to the exhibitor or its personnel's, or agents' negligence. The Hotel shall not have waived or be deemed to have waived, by reason of this paragraph, any defense which it may have with respect to such claims.

The exhibitor shall indemnify, defend and hold harmless the NESPS, Hotel and its officers, directors, partners, agents, members, managers and employees (collectively, the "Hotel indemnified parties") from and against any and all demands, claims, damages to persons or property, losses and liabilities, including reasonable attorney's fees (collectively "Claims") arising out of or caused by the hotel's negligence and/or its personnel, agents' negligence in connection with the use of the Hotel facilities, except to the extent and percentage attributable to the Hotel's negligence. The exhibitor shall not have waived or be deemed to have waived, by reason of this paragraph, any defense which it may have with respect to such claims.

## **INSURANCE**

The Hotel, NESPS and the exhibitor each agree to carry, maintain and provide, upon request, evidence of liability and other insurance in amounts sufficient to provide coverage against any claims arising from any activities arising out of or resulting from the respective obligations pursuant to or associated with this contract; and not less than the amounts set forth in the preceding section. A certificate of insurance shall be submitted to the NESPS prior to the meeting showing that the exhibitor's Insurance policy names the Hotel and NESPS as additional insureds.

Damage to the Hotel premises by the exhibitor or appointed contractors will be the exhibitor's responsibility. They will accept full responsibility for any damages resulting from any action or omission of their Individual personnel in conjunction with exhibit activities. The Hotel and NESPS are not responsible for any loss or damage no matter how caused, to any samples, displays, properties, or personal effects brought into the Hotel, and/or for the loss of equipment, exhibits or other materials left in meeting rooms.

The Hotel and NESPS reserve the right to approve all appointed contractors hired for use by the exhibitor. NESPS must be notified in advance of any appointed contractors.

Exhibitors must provide proof of worker's compensation Insurance for employees who will work on Hotel premises and proof of adequate general liability coverage for the exhibitor and/or outside contractors' activities while on Hotel's premises, and must comply with all other similar requirements the Hotel deems appropriate, in its sole discretion, regarding use of function space, facilities and use of Hotel services.



Complete and return to:  
500 Cummings Center, Suite 4400,  
Beverly, MA 01915 USA  
Phone: 978-927-8330 / Fax: 978-524-0461

## CORPORATE OPPORTUNITIES AGREEMENT FORM

Supporter

Contact

Title

Address

City/State/ Zip/Country

Telephone

Fax

Email

Once the Northeastern Society of Plastic Surgeons receives your request form you will be notified regarding approval of your request. Supporters are required to complete an approved Letter of Agreement for all CME activities. If a supporting company requires its own Letter of Agreement, that agreement must be submitted for approval.

**Please select your support level below:**

- DIAMOND LEVEL – Limited Opportunity - \$20,000
- GOLD LEVEL - \$10,000
- BRONZE LEVEL - \$5,000

**PAYMENT METHOD:**

***Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:***

Check Amount Enclosed: \$ \_\_\_\_\_

Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. **DO NOT EMAIL.**

**Credit Card**     American Express     MasterCard     Visa    Amount to be charged: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_  
(3-4 #s on back of card)

\_\_\_\_\_  
Name as it appears on the card

\_\_\_\_\_  
Cardholder's Signature

- Please check if credit card billing address is same as contact information at the top of the form.
- If billing address is not the same please enter below.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Postal Code /Country

WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE