

## EXHIBITOR & CORPORATE SUPPORT AGREEMENT

Advances in Dermatologic Surgery™  
The 30<sup>th</sup> Annual Meeting of the  
Florida Society of Dermatologic Surgeons  
December 2-4, 2011  
The Peabody Hotel, Orlando, Florida

Official company name as it is to appear in  
all references to this exhibit.

### Name and title of company representative - for ALL correspondence and OFFICIAL EXHIBIT KIT:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Nature of exhibit:  Pathology  Laser  Pharmaceutical  Other \_\_\_\_\_

*Please attach a description*

### Support Level:

Platinum General Sponsor \$12,000

Gold General Sponsor \$9,000

Silver General Sponsor \$7,000

Priority Booth

Single \$5,000

Double \$8,000

Standard Booth

Single \$2,500

Double \$4,000

Buffet Breakfast\* \$3,500

Refreshment Breaks\* \$2,500

Friday Buffet Lunch \$6,000

Saturday Night Reception \$6,000

Lanyards \$2,000

Attendee Bag \$5,000

\* 3 available

Please sign below to acknowledge your commitment to the amount indicated on this form. Signing this form also indicates that you have read and agreed to the attached rules and regulations of the FSDS Annual Meeting

Total Support Commitment: \$ \_\_\_\_\_ Requested By: \_\_\_\_\_

Print -Name of Authorized Company Representative

Authorized Signature \_\_\_\_\_

Method of Payment:  Visa  MasterCard  American Express  Check (Florida Society of Dermatologic Surgeons)

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Check here if your billing address is the same as your mailing address

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

### Mail or fax this completed form to:

Florida Society of Dermatologic Surgeons •  
11891 Magnolia Falls Drive • Jacksonville, FL 32258  
Phone: 904-292-0051 Fax 904-886-0114  
Email: FSDS82@aol.com Website: www.flds.org

For FSDS Use Only: Amount Paid: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ CC Code: \_\_\_\_\_ Date: \_\_\_\_\_