

## EXHIBITOR & CORPORATE SUPPORT AGREEMENT

*Advances in Dermatologic Surgery™*  
The 29<sup>th</sup> Annual Meeting of the  
Florida Society of Dermatologic Surgeons  
November 5–7, 2010  
The Ritz-Carlton Orlando, Grande Lakes

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:**

- |  |   |
|--|---|
| <input type="checkbox"/> Platinum General Sponsor \$12,000 | <input type="checkbox"/> Refreshment Breaks* \$2,500      |
| <input type="checkbox"/> Gold General Sponsor \$9,000      | <input type="checkbox"/> Friday Buffet Lunch \$6,000      |
| <input type="checkbox"/> Silver General Sponsor \$6,000    | <input type="checkbox"/> Saturday Night Reception \$6,000 |
| <input type="checkbox"/> Priority Booth \$ _____           | <input type="checkbox"/> Lanyards \$2,000                 |
| <input type="checkbox"/> Standard Booth \$ _____           | <input type="checkbox"/> Attendee Bag \$5,000             |
| <input type="checkbox"/> Buffet Breakfast* \$3,500         | <i>* 3 available</i>                                      |

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: \_\_\_\_\_