



Florida Society of Plastic Surgeons

ANNUAL MEETING AND EDUCATIONAL PROGRAM

Naples Grande ■ Naples, Florida ■ December 8-11

2016 PROSPECTUS

- Exhibit Information
- Sponsorship Opportunities
- Educational Grants



2016 ANNUAL MEETING FORMAT

- tentative -

Thursday, December 8

1:00p - 1:30p Registration Desk Open
1:30p - 5:30p Patient Safety / PME / Domestic Violence
2:00p - 6:00p Exhibits Set Up
5:30p - 6:30p Early Arrivals Cocktail Hour

Friday, December 9

7:00a Registration Desk Open
Breakfast in the Exhibit Hall
8:00a - 10:00a Educational Program
10:00a - 10:30a Refreshment Break in the Exhibit Hall
10:30a - 12:30p Educational Program
12:30p - 1:30p Lunch Buffet in the Exhibit Hall
1:00p - 6:00p Golf Tournament / Presentations in Exhibit Hall
6:00p - 7:30p Welcome Reception in the Exhibit Hall

Saturday, December 10

7:00a Registration Desk Open
Breakfast in the Exhibit Hall
8:00a - 10:00a Educational Program
10:00a - 10:30a Refreshment Break in the Exhibit Hall
10:30a - 12:00p Educational Program:
Resident Paper Competition
Keynote Speaker
12:00p - 12:30p Annual Business Meetings:
FSPS
Florida PlastiPac
12:00p - 2:00p Lunch Buffet in the Exhibit Hall
6:30p - 10:00p Cocktail Reception and Annual Dinner

Sunday, December 11

7:00a Registration Desk Open
Breakfast in the Exhibit Hall
8:30a - 9:30a Educational Program
9:30a - 10:00a Refreshment Break in the Exhibit Hall
10:00a Exhibits Break Down
10:00a - 11:30a Educational Program
11:30a Wrap Up and Final Comments
11:45a Meeting Adjourns

GENERAL INFORMATION - EXHIBITS

EXHIBIT SPECIFICATIONS

Exhibits are available in two sizes: 6'x3' or 12'x3'. **Your entire exhibit must fit within the space indicated on the Exhibit Application - NO EXCEPTIONS.** Electricity will be available at a nominal fee, only if requested in advance. If your exhibit requires internet access or any audio visual equipment, you must make arrangements directly with the hotel's A/V department.

BADGES

One Representative is included in the Exhibit Fee for a 6' space. Two Representatives are included in the Exhibit Fee for a 12' space. Additional Reps may be added at an extra charge (see exhibit application for details). A maximum of four badges may be issued for each company's exhibit space, in order to provide adequate staffing for the booth without overcrowding the Exhibit Hall. Please provide names for badges in the space provided on your exhibit application. Name badges are required for entrance to the Exhibit Hall. Only employees of the exhibiting companies may register as representatives attending the meeting.

SPACE ALLOCATION AND ASSIGNMENT

Space will be pre-assigned in the order in which paid applications are received; **space will not be assigned until payment and application are received.** Even if application has been received, companies will not be considered an exhibitor nor included in printed materials, nor will space be held, unless payment has been received.

PREMIUM PLACEMENT

Limited Exhibit space located outside the Exhibit Hall is available on a first-come, first-served basis. These exhibits will be the first ones to be viewed by attendees approaching the Exhibit Hall and are therefore considered "premium placement". The same rules and regulations shall apply to premium placement exhibits as those located inside the exhibit hall.

SET-UP / DISMANTLING

Installations of exhibits is scheduled for Thursday, December 8, from 2-6 pm. Exhibits close at 10 am on Sunday, December 11.

EXHIBIT HALL HOURS

(subject to minor changes)

Friday, December 9. 7:00 am - 1:30 pm; 6:00 - 7:30 pm
Saturday, December 10. 7:00 am - 2:00 pm
Sunday, December 11. 7:00 am - 10:30 am

SECURITY

Although all reasonable efforts will be made to provide Exhibit Hall Security, Exhibitors are urged to secure valuables nightly or take them to their rooms. Neither FSPS nor the hotel will be responsible for lost or stolen items.

SHIPPING INFORMATION

Booth material should be shipped to arrive no more than 2 days prior to our meeting, addressed to: Naples Grande Beach Resort; FSPS Exhibits (12/8-11/2016); Attn: YOUR COMPANY NAME, Orchid Ballroom; 475 Seagate Drive; Naples, FL 34103.

HOTEL RESERVATIONS

Please make your reservations directly with Naples Grande Beach Resort, using a dedicated website:

https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventID=14706883

CANCELLATIONS

Once an application has been received and acknowledged, cancellations must be furnished to us in writing or via email to fspsexhibits@gmail.com, no later than Tuesday, November 1, to receive a full refund, less a \$50 cancellation fee. Cancellations received November 2 through November 21, will be entitled to a refund less a \$250 cancellation fee. Cancellations received after November 21 and no-shows are responsible for the entire exhibit fee; no refund will be given.

CREDIT CARD PAYMENT POLICY

A 2% processing fee will be added to all credit card transactions, 2% will be deducted from credit card refunds.

EXHIBIT HALL DIAGRAM - 2016 Exhibits will be located in the Orchid Ballroom on the 2nd Floor of the Naples Grande Beach Resort. Spaces shown are 6' table-tops. You may opt for a 12' space - see exhibit application for details. Limited Premium Placement Exhibits will be located in the foyer area adjacent to the Exhibit Hall and are available on a first-come, first-served basis.

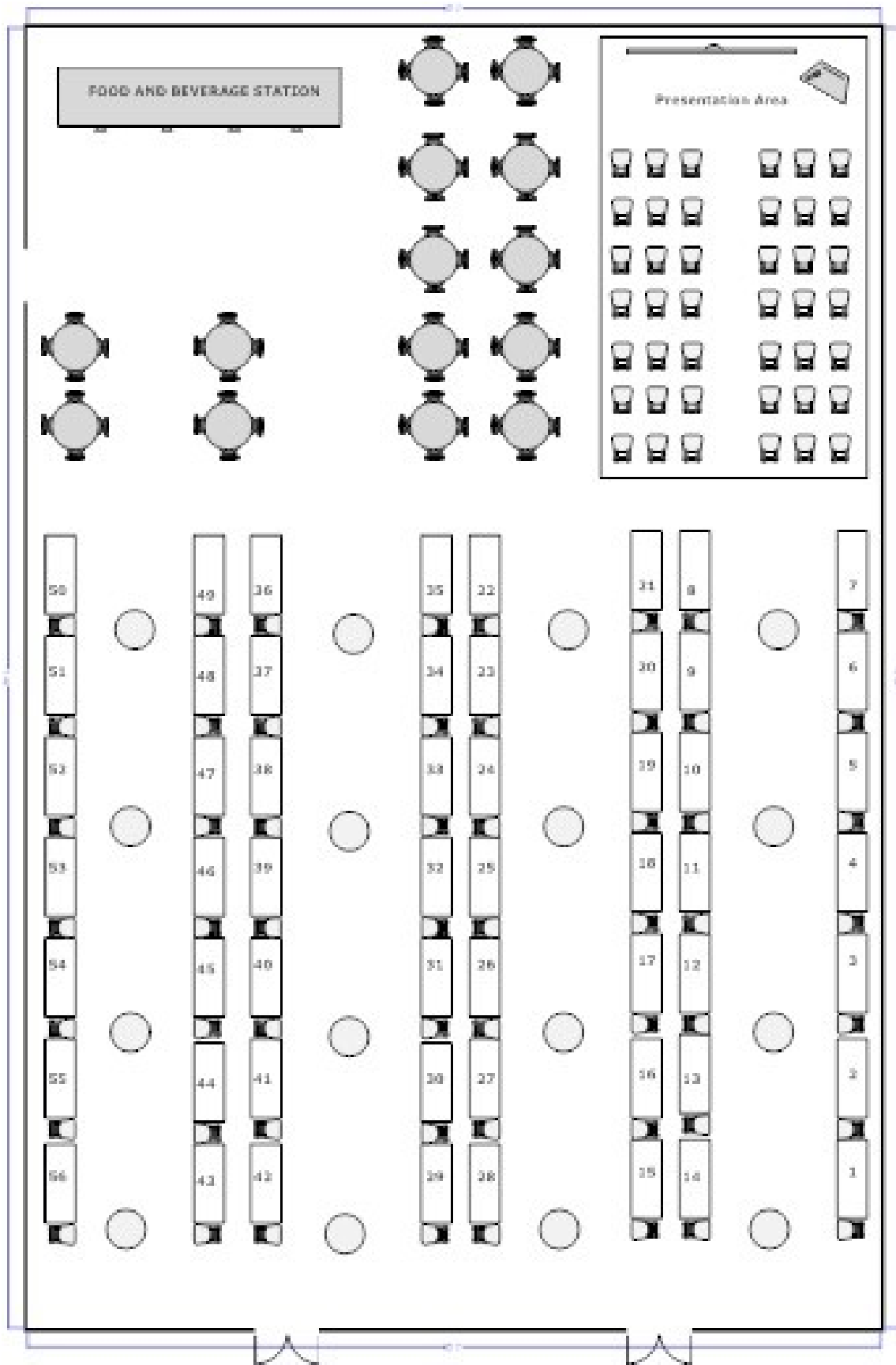


EXHIBIT RULES & REGULATIONS

COMPETING ACTIVITIES

- Exhibiting companies are prohibited from conducting competing social or educational activities while FSPS-sponsored activities are being conducted, as doing so detracts from the value of the meeting. Any company violating this rule will be asked to leave the premises and shall forfeit any fees collected.

ARRANGEMENT OF EXHIBITS

- Spaces will be provided as indicated on the previous page. Exhibits must not project beyond the space allotted. No interference with the light or space of other exhibitors will be permitted.
- Exhibitor is responsible for damage to property (see "Responsibility Agreement"). No signs or other articles shall be posted, nailed or otherwise attached to any of the pillars, walls, doors, etc., in such manner as to deface or destroy them. No attachments shall be made to the floors by nails, screws or any other device. All space is leased subject to these restrictions.

IRREGULAR CANVASSING AND DISTRIBUTION OF ADVERTISING MATTER

- Solicitation of business or conferences in the interest of business except by exhibiting firms is prohibited. Exhibitors are urged to report to FSPS Staff any violations of this rule. Canvassing by exhibitors outside of their exhibit space is also forbidden. Circulars or advertising matter of any description shall not be distributed except from the exhibitor's booth.

DISPLAY REQUIREMENTS AND RESTRICTIONS

- The Florida Society of Plastic Surgeons retains the right to deny the exhibition of inappropriate items and products. Please contact the Exhibit Coordinator with any questions. Drugs, chemicals or other therapeutic agents listed in AMA's New and Non-Official Remedies, National Formulary or U.S. Pharmacopeia, may be displayed.
- Proprietary drugs, mixtures and special formulas may be displayed if documentary evidence of their acceptance by ethical medical organizations is on file with the Society.
- New, unlisted and/or initial display items must be submitted for clearance prior to opening of the exhibits. Clinical and laboratory tests and evaluation on such items must be submitted at least three months prior to opening date of the exhibits.
- The same restrictions apply to books, advertisements in medical journals or other publications on display and to all promotional literature.

EXHIBITS OF ELECTRICAL AND RADIOGRAPHIC EQUIPMENT

- Machines and apparatus operated by electricity must be shown as "still" exhibits. Practical demonstrations of x-ray apparatus and accessories or any noisy apparatus of any kind will not be permitted. No objection will be made to the utilization of electricity for illuminating purposes or for operating smaller diagnostic instruments and electrotherapeutic apparatus, which operate quietly and do not distract or annoy other exhibitors.

SUBLETTING OF SPACE

- No unauthorized subletting or sharing of space is permitted. Only one company name may be displayed at each exhibit space. Any person or firm subletting space will be subject to eviction. No refund will be made for space reserved.

UNCONTROLLABLE EVENTUALITIES

- The Florida Society of Plastic Surgeons will take all reasonable precautions against damage or loss by fire, water, storm, theft, strike or any other emergencies of that character but does not guarantee or insure the exhibitor against loss by reason thereof (see "Responsibility Agreement" - page 2 of the exhibit application).

2016 EXHIBIT APPLICATION

COMPANY NAME _____

ADDRESS _____

CITY / STATE / ZIP CODE _____

hereby applies for Exhibit Space at the FSPS 2016 Annual Meeting.

Authorized Signature _____ Printed Name _____

Co. Phone _____ Email _____

for FSPS contact information - your email will not be distributed

EXHIBIT FEES: (All exhibits spaces are 3' deep. Please indicate your table preference - tables are 30" deep

- 6' space with 6' table no table. \$ 1,800 (includes one Rep)
- 12' space with..... 6' table 8' table (2) 6' tables no table. \$3,200 (includes two Reps)
- 6' Premium Placement (outside Exhibit Hall)..... 6' table no table. \$2,500 (includes one Rep)

Will Exhibit Require Electricity? No Yes 110. \$ 95.00

220 Amps _____ \$ 125.00

Other _____ Other voltage, wattage, special outlets, etc. - the actual charge by the hotel will be passed along to the exhibitor without markup, and will be billed when cost is determined.

EXHIBIT DESCRIPTION (MUST Be Completed)

Indicate ALL categories which describe your company: Non-Medical Insurance Marketing Instruments Implants Skin Care
 Garments Sutures Lab Legal \$ Mgmt Other _____

Very briefly (75 word maximum), in one paragraph, tell about your company and its product(s)/service(s). This will be printed in the onsite program under "Exhibitor Information" (attach a separate sheet, if necessary).

REPRESENTATIVES: Please list names of all representatives who will be at the meeting in conjunction with your exhibit and indicate who is to be in charge of the exhibit onsite. Registration for ONE representative is included in the Exhibit Fee for a 6' space; Two representatives are included in the Exhibit Fee for a 12' space. An additional \$250 registration fee is required for each additional representative. **(A maximum of four reps per exhibit)** If you do not know at this time who will attend the meeting, please furnish the names as soon as they are available. Also, please furnish the Rep's email, so they may receive additional information about the meeting.

IN-CHARGE Name _____	Email _____	(Incl.)
Name _____	Email _____	\$250.00 (n/a with 12' space)
Name _____	Email _____	\$250.00
Name _____	Email _____	\$250.00

TOTAL FEES ENCLOSED. \$ _____

Make checks payable to FSPS. Our FEIN is 59-6146682. If you prefer to pay with Visa, Mastercard or American Express, please use the enclosed credit card form (please see credit card payment policy under general information).

SEE REVERSE SIDE

RESPONSIBILITY AGREEMENT

PLEASE READ THE FOLLOWING STATEMENTS THOROUGHLY AND SIGN BELOW

Exhibit Space Will Not Be Assigned
Unless This Form Contains An Authorized Signature

Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, and defend the Florida Society of Plastic Surgeons (FSPS), Naples Grande Beach Resort, the affiliates, officers, directors, agents, employees and partners of each, ("Indemnified Parties") harmless against all claims, losses and damages, including negligence, to persons or property, governmental charges or fines and attorney's fees arising out of or caused by Exhibitor's installation, removal, maintenance, occupancy or use of the exhibit premises or a part thereof.

In addition, Exhibitor acknowledges that the Indemnified Parties do not maintain insurance covering Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain business interruption, property damage and comprehensive general liability insurance. Exhibitor promises to obtain a certificate of insurance showing the indemnified parties as additionally named insureds during the period December 8-11, 2016.

We/I have read and agree to abide by all requirements, restrictions and obligations set forth in the 2016 Prospectus, the policies governing exhibitors, those on this application and those which may be set forth in the future in connection with the 2016 Annual Meeting. We/I further acknowledge that FSPS reserves the right to reject, at its discretion, any application to exhibit.

AUTHORIZED SIGNATURE _____

Typed or Printed Name _____

Title _____ Date _____

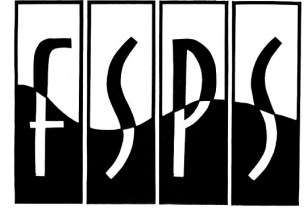
Space will be assigned on a first come - first served basis.

Please mail or fax your completed application with payment or credit card form to:

FLORIDA SOCIETY OF PLASTIC SURGEONS
PH 904.693.1799 FAX 904.786.9939
Crystal Faucett, Exhibit Coordinator
P.O. Box 441745
Jacksonville, FL 32222

For expedited deliveries (FedEx, UPS, etc.), please use our street address:
5911 Hicks Road, Jacksonville FL 32244

FLORIDA SOCIETY OF PLASTIC SURGEONS
2016 Sponsorship Opportunities



We are pleased to offer our Corporate Friends the following options for providing financial support.

Your total support is acknowledged at these levels

BRONZE \$2500 SILVER \$5000 GOLD \$10,000 PLATINUM \$15,000 DIAMOND \$20,000

Our Annual Meeting is a 4-day Conference with Scientific Presentations and provides attendees with CME credits. The average attendance over the past 5 years is 100 Plastic Surgeons. There is an Exhibit Hall with 50-55 exhibiting companies, where all of the scheduled food functions during the meeting occur – with the exception of the Annual Saturday Night Dinner/Dance. ***Companies who sponsor functions or provide educational grants for the meeting receive acknowledgment during the meeting from the podium, printed acknowledgment in the onsite program, signage at the sponsored function, along with the opportunity to give a 15-minute presentation in our Exhibit Hall during the sponsored function.**

Ad in Printed program	½ page \$500 full page \$750
Printed Program - includes your full page ad.	\$1000
Resident Paper Competition.	\$1000
Attendee Portfolio with your company logo.	\$2000
*Refreshment Break - 3 available.	\$3500
*Cocktail Reception - 2 available..	\$5000
*Young Plastic Surgeons Segment..	\$5000
*Golf Tournament.	\$7500
Boxed Lunches for Golfers.	\$2500
*A/V Grant - for audio-visual equipment rental..	\$7500
*Breakfast - 3 available.	\$7500
*Welcome Reception.	\$10,000
*Lunch - 2 available.	\$10,000
*Dinner - Saturday Night.	\$20,000
*Educational Grant	Bronze \$2500, Silver \$5000, Gold \$10,000, Platinum \$15,000, Diamond \$20,000

SATELLITE FUNCTION. \$2500

During the Annual Meeting, when no FSPS events are scheduled, we offer companies the opportunity to hold a dinner meeting, reception, luncheon, etc. You are responsible for arranging the function and for the expense. FSPS will provide you with our Member Roster and will announce your event to the attendees prior to the meeting.

ENDORSEMENT

Pending Board approval we can offer endorsements as follows:

FSPS Endorsement. \$10,000

Endorsed companies are allowed the use of our logo in their marketing materials and are featured on the FSPS website.

FSPS Exclusive Endorsement. \$25,000

Exclusive endorsement is our guarantee to you that we will not provide endorsement to any other company offering similar products/services.

**Florida Society of Plastic Surgeons
2016 ANNUAL MEETING SPONSORSHIP REQUEST FORM**

Sponsorship is offered on a first-come, first-served basis. Confirmation of your request will be sent to you within three (3) weeks of receipt of this form. Payment in full is due prior to the event.

Sponsorship Opportunity Requested: _____ Amount: \$ _____

2nd Choice: _____ Amount: \$ _____

EDUCATIONAL GRANT: _____ Amount: \$ _____

(You must complete a Written Agreement for Commercial Support, which will be sent to you upon receipt of this request.)

Company Name: _____

Contact: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

email: _____ Web Address: _____

By signing below, I understand companies providing support are prohibited from conducting competing social or educational activities while FSPS-sponsored activities are being conducted, as doing so detracts from the value of the meeting. Any company violating the above will be asked to leave the premises and shall forfeit any fees collected.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title _____

Mail, Fax or Email this Completed Form to:

Crystal Faucett
Florida Society of Plastic Surgeons
P.O. Box 441745
Jacksonville, FL 32222

Phone: 904-693-1799 Fax: 904-786-9939 Email: fspsexhibits@gmail.com

Florida Society of Plastic Surgeons - Credit Card Payment Form

Company Name: _____

Mail To: Florida Society of Plastic Surgeons, Inc.
P.O. Box 441745
Jacksonville, FL 32238

OR Fax to: 904-786-9939

OR Email to: FSPSexhibits@gmail.com

in payment of

- | | | |
|---|----------|-------------------|
| <input type="checkbox"/> Exhibit Fee: <input type="checkbox"/> \$1800 - 6' <input type="checkbox"/> \$3200 - 12' <input type="checkbox"/> \$2500 - 6' PP | \$ _____ | 1 |
| <input type="checkbox"/> Exhibit Add-ons: Elec <input type="checkbox"/> \$95 <input type="checkbox"/> \$125 Add'l Reps <input type="checkbox"/> \$250 (#__) | \$ _____ | 2 |
| <input type="checkbox"/> Educational Grant | \$ _____ | 3 |
| <input type="checkbox"/> Sponsorship of _____ @ | \$ _____ | 4 |
| <input type="checkbox"/> Ad in Program <input type="checkbox"/> \$500 - 1/2 pg <input type="checkbox"/> \$750 - full pg | \$ _____ | 5 |
| 2% Processing Fee (added to all Credit Card Transactions) | \$ _____ | 6 (add 1-5 x .02) |

Payment is authorized for the following Credit Card in the amount of. \$ _____

(Total of lines 1-6)

Please indicate the type of card which you are using:

- Visa MasterCard American Express

Account No. _____ - _____ - _____ - _____ Exp. ____/____ (Mo/Yr)

Authorization No. _____ (Visa & MasterCard: last three digits on the back of the card)
(American Express: four digits printed on the face of the card)

Name as it appears on card (Please print clearly):

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder acknowledges receipt of services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Signature _____ Date _____

- Please check here if you require a credit card receipt, and provide an email address:

Email: _____