



**Ohio Valley Society of Plastic Surgeons
Raymond Isakov, President
May 15-17, 2025
Greenbrier Resort, White Sulfur Springs, WV
EXHIBIT RESERVATION FORM**

Exhibit Hours: Thursday 7AM-4PM, Friday, 7AM-12PM, Saturday 7AM-12PM
NOTE NEW HOURS

Company Name _____

Contact Name _____ Email: _____

Address: _____

City, State, Zip _____

Telephone: _____ Fax: _____

Exhibit/Sponsorship Options

- One 6-ft table- \$2000 – Standard *Silver \$5000 - \$8,000 *Platinum >\$10,000
 Two 6-ft tables - \$3000 – Standard *Gold \$8,000 - \$10,000
- *Includes signage in exhibit hall (and at selected support venue) and Awards Dinner attendance**

Electrical Requirements (If left blank, electricity cannot be guaranteed on site:

- We do not require electricity. We will utilize a standard electrical outlet. Other _____

Representative(s) Attending:

Name	Mailing Address	City	State	Zip	*Cell Phone & Email Address
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____

Sponsorship funding is welcomed in addition to exhibit fee (See above options):

- Contact my company regarding \$ _____ sponsorship. Applicable contact information is listed below.

Name: _____
Telephone: _____
Email: _____

We understand and agree to follow the policies of the **STANDARDS FOR COMMERCIAL SUPPORT OF CONTINUING MEDICAL EDUCATION** in support of the Ohio Valley Society of Plastic Surgeons Annual Meeting.

Authorized Signature _____ Date _____ Total Enclosed _____

Please submit online (WWW.OVSPS.ORG, Conference Exhibitor Tab) or return this form via email or USPS to:

Darlene Lyons, Administrator
OVSPS

37122 Tail Feather Drive, North Ridgeville, OH 44039
Cell (216) 375-5025

lyonsdarlene217@outlook.com

OVSPS Tax ID# is 23-7351760

Acceptable forms of payment: Check, Credit Card or Paypal.

Charge my ___MC ___VISA ___AMEX Card # _____ *Exp. _____

*Security Code _____ *Name on card _____ *Billing Zip Code _____

*Total amount enclosed: \$ _____ *Denotes required field.