



**The Connecticut Infectious Disease Society invites
you to exhibit at the
43rd Annual Conference
Thursday, May 28, 2026**

Exhibitor Registration Form and Agreement

Exhibitor Registration Fee: \$2,500

Company Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Badge Names: _____

We accept Mastercard and Visa (circle one). Name on card and billing address must be the same as above.

Name on Card _____

Credit Card # _____

Exp. _____ CVS Code _____

Mail check payable to **Connecticut Infectious Disease Society** (tax id no. 20-8857357) with registration form to: **CIDS - Vendor Registration, c/o CSMS, 127 Washington Ave., 1st FL, North Haven, CT 06473**

***Terms and Conditions:** Final Payment: Payment is due to CPS no later than May 15, 2026. If payment has not been received by this date, CPS reserves the right to cancel your vendor registration. **Cancellation Policy:** CPS requires thirty (30) days written notice to cancel your vendor registration. No refunds will be made for cancellations with less than thirty (30) days written notice.*

Signature of Authorized Representative _____

Printed Name _____ Title _____