



**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 _____