



**Ohio Valley Society of Plastic Surgeons**

**Aaron Mason, President**

**May 28-31, 2026**

**Sawmill Creek Resort at Cedar Point, Sandusky, OH**

**EXHIBIT RESERVATION FORM**

**Exhibit Hours: Thursday 7AM-4PM, Friday, 7AM-12PM, Saturday 7AM-12PM**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Exhibit/Sponsorship Options**

One 6-ft table- \$2,500 – Standard

\*Gold \$7,500

\*Silver \$5,000

\*Platinum \$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 attached PowerPoint):**

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](http://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](mailto: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.