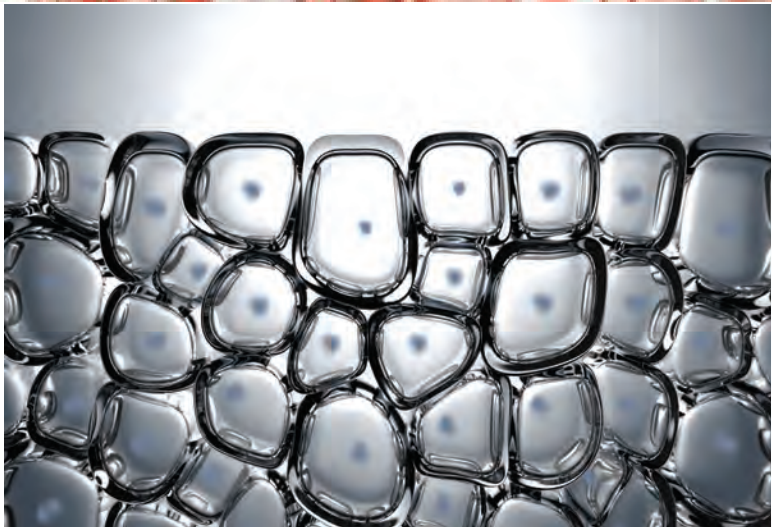
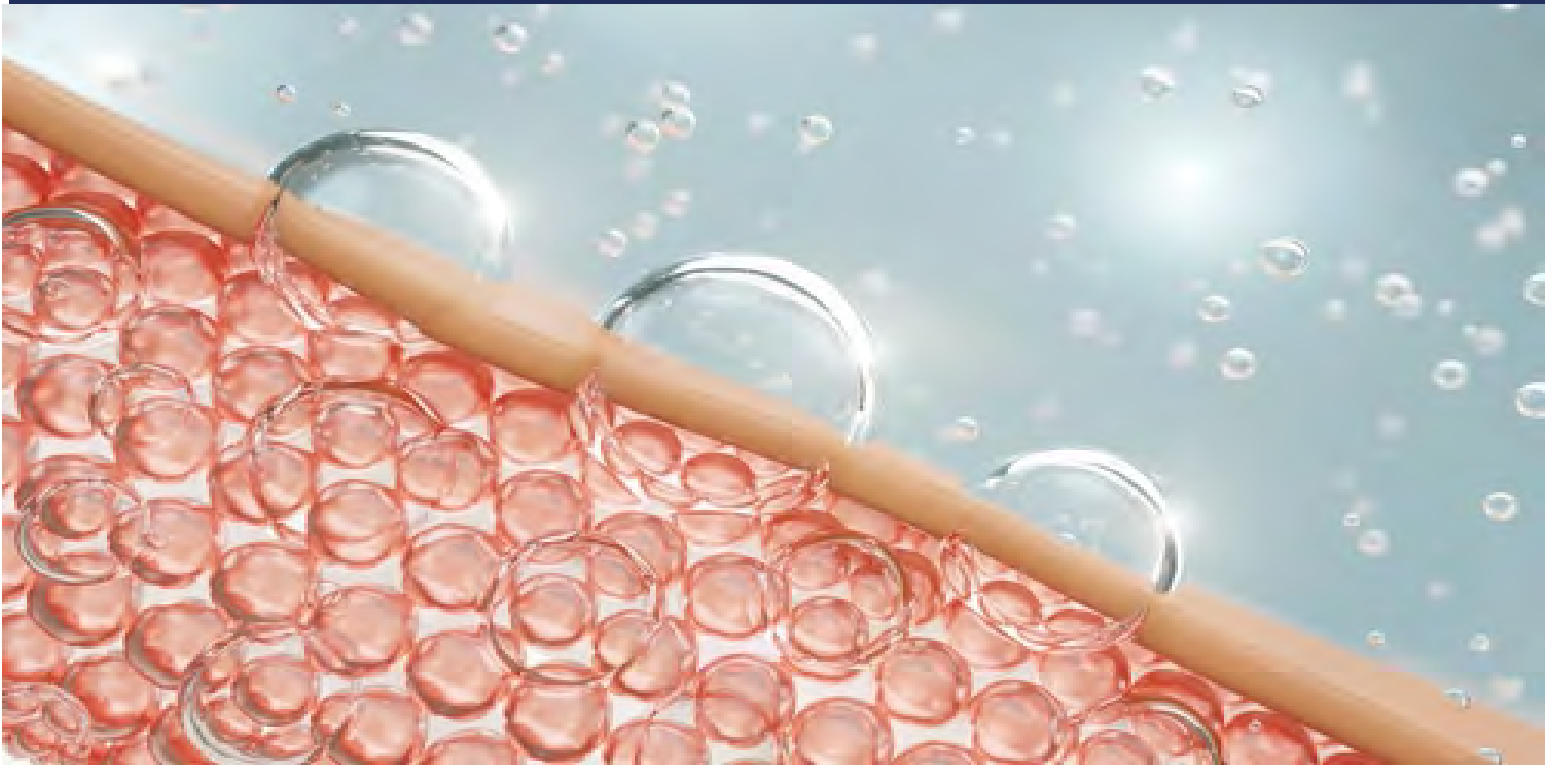


**Exhibitor/  
Sponsor  
Prospectus**

# **CT Dermatology Scientific Program Wed November 13, 2024**

**The Aqua Turf Club • 556 Mulberry Street • Plantsville, Connecticut**



# WELCOME

*Dear Corporate Exhibitor/Sponsor,*

*CT Dermatology and Dermatologic Surgery Society Scientific Meeting & Vendor Expo offering the most comprehensive and stimulating array of Dermatology information and technology ever assembled.*

*This state-of-the-art hybrid meeting features panel discussions on controversial issues and techniques, award lectures and instructional courses.*

*The scientific program will feature the latest clinical and technological developments, presented by national and international leaders, to an audience of dermatologists from CT, MA, NY and RI.*

*The annual meeting presents a unique opportunity for you to interact with the members of CT Dermatology, over 160 strong, an organization representing over 92% of dermatologists practicing in Connecticut.*

*The exhibition floor will be designed to maximize physician-representative interaction. As always, your representatives are invited to attend the scientific sessions and to participate in all planned social events to unite with regional colleagues.*

*In this prospectus, you will find information on other digital advertising opportunities, as well as opportunities for Product Theaters and Sponsorships at the LIVE meeting.*

*Your support is vital to the success of our meeting. Our goal is for you to return to your office confident that you earned an outstanding return on your investment.*

*Mark you calendar for this well attended Annual Meeting.*

*We look forward to seeing you at The Aqua Turf.*

*With best regards,*

*Deborah Osburn*

*Executive Director*

## DIRECTIONS TO THE AQUA TURF

**I-84 East from Waterbury** - Take Exit 28, take a right onto Route 322. Go straight, under second underpass take a left at the car wash onto Old Turnpike Road. At the first stop sign, take a right onto Mulberry Street. The Aqua Turf Club is located 1/2 mile on the right.

**I-84 West from Hartford** - Take Exit 29 (left hand exit). At the end of the exit will be a light. Take a left and go to your next light (just before Gene's Restaurant), take a right onto Mulberry Street. Go approximately one mile down the road. The Aqua Turf Club will be on your right.

**From I-91 or the Merritt Parkway** - Take Route 691 West toward Waterbury. Take exit 4 (Southington), take a right. At the bottom of the hill (McDonald's on the corner), take a right onto South End Road. Follow until you come to Mulberry Street on the left. The Aqua Turf Club is on Mulberry Street approximately 1/4 mile on the left.

**If you plan to ship your booth or display - Shipping Address and phone contact:**

**The Aqua Turf Club, 556 Mulberry Street, Plantsville, CT 06479 • Phone: 860-621-9335**

# DERMATOLOGY SPONSOR LEVELS November 13, 2024

## Platinum Sponsor

**Cost: \$10,000** (plus 6.35% CT sales tax \$635) **if signed contract is received by August 1, 2024.**

**\$11,000** (plus 6.35% CT sales tax \$698.50) **if contract or payment is received after August 1, 2024.**

Platinum level recognition in Connecticut Dermatology e-communications, final program, during conference and website (including logo).

- Sponsored 45 minutes Product Theater
- Full page advertisement in the Connecticut Dermatology newsletter if received by Apr. 1, 2024
- 2 approved targeted email blasts to Connecticut Dermatology membership
- Logo, link and description on Connecticut Dermatology website (max 200 words)
- Banner ad on virtual platform
- 6 representative registrations

## Gold Sponsor

**Cost: \$5,000.00** (plus 6.35% CT sales tax \$317.50) **if signed contract is received by August 1, 2024.**

**\$6,000.00** (plus 6.35% CT sales tax \$381) **if contract or payment is received August 1, 2024**

Gold level recognition in CT Dermatology e-communications, final program, during conference and website (including logo).

- Gold level Sponsor will have 15 minuted Product Theater
- Half page advertisement in the Connecticut Dermatology newsletter if received by Aug 1, 2024
- 2 approved targeted email blasts to Connecticut Dermatology membership
- Logo and description on Connecticut Dermatology website (max 150 words)
- Banner ad on virtual platform
- 4 representative registrations

## Silver Sponsor

**Cost: \$1,395.50** (plus 6.35% CT sales tax \$88.61 ) **if signed contract is received by August 1, 2024.**

**\$1,595.50** (plus 6.35% CT sales tax \$101.31) **if contract or payment is received after Aug. 1, 2024.**

Silver level recognition in Connecticut Dermatology e-communications, final program, during conference and website (including logo).

- Silver level sponsor - 1 minute Exhibit Time on Main Platform
- Page advertisement acknowledging sponsorship
- Logo and description on Connecticut Dermatology website (max 100 words)
- 1 representative registration

**Logo and Advertisement only - \$550** (plus 6.35% CT sales tax \$34.93)

Exhibitor recognition in Connecticut Dermatology e-communications, final program, website (including logo).

- Logo and line with description on Connecticut Dermatology website (max 75 words)

\*\*Instead of membership, you may choose to e-blast conference attendees. You may also choose a direct mailer instead of sending an e-blast, either to membership or conference attendee.

**All Sponsors will receive an Attendance List and will be able to chat with attendees during the program.**

# DERMATOLOGY EXHIBITOR LEVELS November 13, 2024

## Platinum Exhibitor

**Cost: \$3,500.00** (plus 6.35% CT sales tax \$222.25) **if signed contract/pmt is received by August 1, 2024.**

**\$4,000.00** (plus 6.35% CT sales tax \$254.00) **if contract and payment is received after August 1, 2024.**

As a Platinum Exhibitor you will receive a premium 10'x20' center island draped space with up to two tables, four chairs, sign, electricity, Free WiFi and **six badges or attendees** for the vendor expo. In addition Platinum exhibitors may have two pages in the program book to advertise booth location and will also have your name listed on signature cards to insure maximum physician exposure. The Platinum exhibitors will receive a final attendance list at the meeting.

Camera ready art work (single page 3.875" wide by 5.25" high - high resolution pdf with all type set to outline must be sent by February 15, 2024 to: [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com).

**\* \* \* \* \*** **Platinum Exhibitor has a choice o location** **\* \* \* \* \***

**Please select one:**  **Coffee**       **Tea**       **Chocolate**       **Popcorn**

## Gold Exhibitor

**Cost: \$2,000.00** (plus 6.35% CT sales tax \$127.00) **if signed contract/pmt is received by August 1, 2024.**

**\$2,500.00** (plus 6.35% CT sales tax \$158.75) **if contract and payment is received August 1, 2024.** As a Gold Exhibitor you will be assigned an 8'x10" pipe-draped area with 1 table, two chairs, sign, free WiFi and **three badges or attendees** for the vendor expo. In addition have your name listed on signature cards to insure maximum physician exposure.

## Silver Exhibitor

**Cost: \$1,495.50** (plus 6.35% CT sales tax \$94.96) **if signed contract/pmt is received by August 1, 2024**

**\$1,695.50** (plus 6.35% CT sales tax \$107.66) **if contract and payment is received after Aug 1, 2024.** As a Silver Exhibitor you will be assigned a 6'x8' pipe-draped booth space, 1 table, two chairs, sign, free WiFi, **one badge or attendee** and have your name listed on signature cards to insure maximum physician exposure. The exhibitor hall is near the physicians educational conference room, providing easy access to the exhibitor hall for all breaks.

## All Exhibitors

**Additional badges can be purchased for \$250.00 per attendee.**

**Please note: effective October 1, 2015 CT state sales tax will be charged.** Booths must be set up one hour prior to physician's registration. Space is very limited so please reserve your space as soon as possible. **Booths will not be held without a Deposit and signed Agreement. Booth Space Deposit is non-reundable.** Upon completion of this form, both parties enter a binding legal contract. **Please contact The Aqua Tur, 556 Mulberry Street, Plantsville CT 06479 or shipping arrangements o your booth - Aqua phone 860-621-9335.**

Upon request exhibitors may attend the CME Programs scheduled. Attendance of 80-140 Connecticut Dermatologists is expected. The Aqua Turf provides maximum space for 30 exhibitors. **If names for badges are not received by Aug 1, 2024 there will be a \$25.00 charge per name per badge.**

## Name Badges

Please provide name(s) of company representative who will attend by Aug 1, 2024. (please print)

**Badges included with your booth - Attendee Names:**

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**Additional Badges \$250.00 each - Attendee Names:**

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# DERMATOLOGY CONTRACT AND PAYMENT FORM Nov 13, 2024

I, \_\_\_\_\_ as authorized representative for \_\_\_\_\_  
(please print) (company name as you wish it to appear in program)

accept the following conditions of the  **Platinum**  **Gold**  **Silver**  
(please check appropriate exhibitor level)

Check your Sponsorship Station choice:  Coffee  Tea  Chocolate  Popcorn

Number of Extra Badges @ \$250 per badge \_\_\_\_\_ TOTAL \_\_\_\_\_

Signature of Authorized Card Holder \_\_\_\_\_ Company Name (please print) \_\_\_\_\_

Representative Name (please print legibly) \_\_\_\_\_ Company Accounting Email Address \_\_\_\_\_

Title \_\_\_\_\_ City State Zip \_\_\_\_\_

Representative Cell Phone # \_\_\_\_\_ Telephone # \_\_\_\_\_

Representative Email Address \_\_\_\_\_ Fax # \_\_\_\_\_

Deborah Osborn  
 CDS Authorized Signature

**CDS Tax ID#: 06-1377256**

CT Dermatology & Dermatologic Surgery Society  
 26 Sally Burr Road • PO Box 1079 • Litchfield, CT 06759  
**Text/Scan 860-459-4377 • Phone 860-567-3787 Fax 860-567-4174**  
 email debbieosborn36@yahoo.com • Debbie Osborn Cell phone 860-459-4377

## Credit Card Payment Form

\_\_\_\_\_ Visa                  \_\_\_\_\_ Mastercard                  \_\_\_\_\_ American Express

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_  
(16 digit card number)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Expiration date)                  \_\_\_\_\_ Billing Zip \* Required

### Security Codes

\_\_\_\_/\_\_\_\_/\_\_\_\_ \*3 digit # that appears on the back of the MC/VISA card \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ \*4 digit # that appears on the front of AMEX card

**\*These numbers are needed to run payment through with a merchant discount**

\$ \_\_\_\_\_ Booth Amount      \$ \_\_\_\_\_ Extra Badge Amount      \$ \_\_\_\_\_ Sponsorship Amount

\$ \_\_\_\_\_ Electrical Amount (if requested)      \$ \_\_\_\_\_ Total

\$ \_\_\_\_\_ 6.35% CT sales tax charged

\$ \_\_\_\_\_ Total amount charged including tax

\_\_\_\_\_  
(Card holder name)

\_\_\_\_\_  
(Card holder signature)

\_\_\_\_\_  
(Card holder address)

\_\_\_\_\_  
\* Required - (Billing Address City - State - Zip Code)

**Please fill out completely CDDSS Tax ID 06-1377256**

# DERMATOLOGY ELECTRICAL FORM November 13, 2024

Please complete this form for your electrical requirements. **IMPORTANT:** Please notify us if special wattage and amperage is required. One single outlet is defined as 110 volt, alternating current, maximum 1000 watts. **MAXIMUM 15 AMPS. (MUST SPECIFY AMPERAGE REQUIRED FOR EACH OUTLET ORDERED).** Please contact Debbie Osborn at cell 860-459-4377, CDS 860-567-3787, fax 860-496-1830 if additional outlets are needed.

Name of Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Representative Name: \_\_\_\_\_  
(Please print)

Authorized Signature: \_\_\_\_\_

Representative Cell Phone: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

TOTAL # OF SINGLE (NOT DUPLEX) OUTLETS REQUIRED: # \_\_\_\_\_ amperage (please specify)

PRICING: Before March 1, 2024

1 Outlet (single/not duplex)	\$125.00	2 Outlets (Double)	\$150.00
3 Outlets (Triple)	\$175.00	4 Outlets (Quad)	\$200.00

Sub total: \_\_\_\_\_ 6.35% CT sales tax: \_\_\_\_\_ BALANCE DUE: \_\_\_\_\_

*\*Important: This form and payment must be received 30 days prior to the event to receive electrical services. The facility engineer may refuse connections where wiring is not in accordance with the CT State Safety Codes. Exhibitors are responsible for providing their own surge protectors.*



Please make checks payable to CT Dermatology & Dermatologic Surgery Society  
PO Box 1079, Litchfield, CT 06759 • Debbie Osborn Cell: 860-459-4377 Or email credit  
card payment to [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com) Fax 860-567-4174

**Request for Taxpayer  
Identification Number and Certification**  
Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Section of Dermatology of Connecticut State Medical Society</b>			
	2 Business name/disregarded entity name, if different from above. <b>Connecticut Dermatology and Dermatologic Surgery Society</b>			
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>			
	5 Address (number, street, and apt. or suite no.). See instructions. <b>26 Sally Burr Road</b>		Requester's name and address (optional)	
	6 City, state, and ZIP code <b>Litchfield, CT 06790</b>			
	7 List account number(s) here (optional)			

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
				-			-			
<b>or</b>										
<b>Employer identification number</b>										
0	6	-	1	3	7	7	2	5	6	

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person <i>Deborah Osburn</i>	Date <b>August 7, 2024</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**The Connecticut Dermatology and Dermatologic Surgery Society**

**Wednesday November 13, 2024**

**Aqua Turf Club, 556 Mulberry Street, Plantsville, CT**

4:30pm **Registration**

5:00pm **Coding- How to document and prepare for Audits**

*-Robin Linker*

*Objectives:*

*1. To understand common documentation errors and identify areas in need of improvement  
Within the medical record*

*2. To review member need gap questions in coding and identify proper documentation and coding*

5:30pm **Product theater-**

6:15pm **“The Times They Are a-Changin’: Allergy Updates over the last decade”**

*-Kelsey Kaman, MD*

*Objectives:*

*1. To understand the limitations of IgE and skin prick testing*

*2. To identify the pros and cons of oral immunotherapy*

6:45pm **Dinner**

7:15pm **Tips and Tricks for the Advanced Management of Hidradenitis Suppurativa**

*-Anna Eisenstein, MD*

*Objectives*

*1. To understand the appropriate use and selection of biologics in the treatment of hidradenitis suppurativa.*

*2. To understand the procedural management of hidradenitis suppurativa by dermatologists.*

8:00pm **Product Theater-**

8:45pm **Round table discussion and Resident cases with Coffee and Dessert**

*Two complex cases will be presented by UConn and Yale Residents*

*Objectives- To review complication management and treatment plans.*

9:15pm **Certificates**

This activity has been planned and implemented in accordance with the Essentials and Standards of the ACCME through the joint sponsorship of CSEP and The Connecticut Dermatology & Dermatologic Surgery Society.

CSEP is accredited by the ACCME to provide continuing medical education for physicians.

CSEP designates this educational activity for a maximum of 2.0 AMA PRA Category I Credit(s)™ toward the AMA Physicians Recognition Award. Each physician should claim only those hours of credit that he/she spent in the activity.

**Mission Statement**

The Dermatology and Dermatologic Surgery Society is committed to advancing the highest standards of eye care through its continuing education activities. The semiannual CDDSS Scientific Education Programs are structured to present recent advances in the diagnosis and treatment of skin disease. The goal of CDDSS educational programs is to protect and improve patients' skin and skin health.

CDDSS Semiannual Scientific Education Programs are an opportunity for dermatologists and their staff to learn, identify and discuss critical issues facing their profession. CDDSS programs present recent advances in the diagnosis and treatment of skin disease, through lectures, panels, symposia, scientific papers and videos. CDDSS programs are designed to meet the clinical and educational needs of its members through the objectives proposed and evaluated by the CDDSS education committee.