

# Connecticut Dermatology and Dermatologic Surgery Thursday, May 23, 2019

Aqua Turf Club • 556 Mulberry Street • Plantsville, CT



# SKIN



## EXHIBITOR PROSPECTUS

Exhibitor Set-up  
2pm-4pm

Breakdown  
8:30pm - 9:00 pm



### Program Faculty

Program Chair - Omar Ibrahimi, M.D.  
Sean Christensen, M.D.  
Jeremy Moss, M.D.  
Mary Tomayko, M.D.  
Malcolm Creighton-Smith, M.D.  
Michael Storonsky, M.D.



# Welcome

*Dear Corporate Exhibitor,*

*CT Dermatology and Dermatologic Surgery Society Scientific Meeting & Vendor Expo offering the most comprehensive and stimulating array of Dermatology information and technology ever assembled, combined with an outstanding socio-economic program.*

*This state-of-the-art 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.*

*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.*

*In this prospectus, you will find information on other digital advertising opportunities.*

*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 your calendar for this well attended Annual Meeting.*

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

*With best regards,*

*Deborah Osborn*

*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**

CHOCOLATE



• ENJOY •  
= the =  
LITTLE  
things



coffee



Sponsored "Tea Bar"



POPCORN



Strategic Booth Locations



"MD Makes a Difference"

# DERMATOLOGY EXHIBITOR LEVELS 5-23-2019

## PLATINUM EXHIBITOR

**Cost: \$3,500.00** (plus 6.35% CT sales tax \$225.25) **if signed contract is received by April 17, 2019.**  
**\$4,000.00** (plus 6.35% CT sales tax \$254.00) **if contract or payment is received after April 17, 2019.**

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 for attendees** for the vendor expo. In addition Platium 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 April 17, 2019 to: debbieosborn36@yahoo.com. **Additional badges can be purchased for \$450.00 per attendee.**

## GOLD EXHIBITOR

**Cost: \$2,000.00** (plus 6.35% CT sales tax \$127.00) **if signed contract is received by April 17, 2019.**  
**\$3,000.00** (plus 6.35% CT sales tax \$190.50) **if contract or payment is received after April 17, 2019.**

As a Gold Exhibitor you will be assigned an 8'x10" pipe-draped area with 1 table, two chairs, sign, free WiFi and **two badges for attendees** for the vendor expo. In addition have your name listed on signature cards to insure maximum physician exposure.

**Additional badges can be purchased for \$450.00 per attendee.**

## SILVER EXHIBITOR

**Cost: \$1,495.50** (plus 6.35% CT sales tax \$94.96) **if signed contract is received by April 17, 2019.**  
**\$1,695.50** (plus 6.35% CT sales tax \$107.66) **if contract or payment is received after April 17, 2019.**

As a Silver Exhibitor you will be assigned a 6'x8' pipe-draped booth space, 1 table, two chairs, sign, free WiFi, **one badge for 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.

**Additional badges can be purchased for \$450.00 per attendee.**

### \*\*\*\*\* Refreshment Exhibitor Sponsorship with Exhibitor Space \*\*\*\*\*

**Cost: \$2,500.00** (plus 6.35% CT sales tax \$158.75) **if signed contract is received by April 17, 2019.**  
**\$3,000.00** (plus 6.35% CT sales tax \$190.50) **if contract or payment is received April 17, 2019.**

You will be assigned a 8'x10' pipe-draped booth space next to your sponsored station, 1 table, two chairs, sign, free WiFi, **two badges for attendees** and have your name listed on signature cards to insure maximum physician exposure.

Check your Station choice:     **Coffee**                       **Tea**                       **Chocolate**                       **Popcorn**

## All Exhibitors

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-refundable.** Upon completion of this form, both parties enter a binding legal contract. Please contact The Aqua Turf Club, 556 Mulberry Street, Plantsville, CT 06479 for shipping arrangements of your booth - phone 860-621-9335. **If names for badges are not received by April 17, 2019 there will be a \$25.00 charge per name per badge.**

## Name Badges

Please provide all name(s) of company representative who will attend by May 13, 2019. (please print legibly)

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

**Additional Badges \$450.00 each - Attendee Names:**

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# DERMATOLOGY CONTRACT AND PAYMENT FORM 5-23-2019

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

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

Check your Refrehment Sponsorship Station (see previous page for costs):

Coffee  Tea  Chocolate  Popcorn (see costs)

Number of Extra Badges @ \$450 per badge \_\_\_\_\_ TOTAL \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Card Holder

\_\_\_\_\_  
Company Name (please print)

\_\_\_\_\_  
Representative Name (please print)

\_\_\_\_\_  
Company Accounting Email

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

\_\_\_\_\_  
Telephone #

Deborah Osborn  
\_\_\_\_\_  
Representative Email Address

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
CSEP Authorized Signature

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

CT Dermatology & Dermatologic Surgery Society  
26 Sally Burr Road • PO Box 1079 • Litchfield, CT 06759

**Fax 860-567-3591 • Phone 860-567-3787**

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!**

# DERM ELECTRICAL AND ADVERTISING FORM 5-23-2019

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, CSEP 860-567-3787, fax 860-567-3591 if additional or special 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: \_\_\_\_\_

\* **Required** TYPE OF EQUIPMENT TO BE UTILIZED: \_\_\_\_\_

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

## PRICING:

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.

## DERM SPONSORSHIP /EXHIBITOR OPPORTUNITY DETAILS

### SPONSORSHIP

**Exhibits next to high traffic areas**

**Coffee Station**       **Tea Station**

**Chocolate Station**       **Popcorn**

**Please Note:**

***Space is limited and fills up early.***

***Thank you!***

### What's included:

**Coffee Station** - *International Coffees, Cinnamon Sticks, Hot Chocolate, Marshmallows, Almond Biscotti, Chocolate Biscotti*

**Tea Station** - *More than 20 varieties of quality tea - Oolong, Darjeeling, English Breakfast, Ceylon, Green; Herbal Varieties Mint, Honey, Lemon Drop*

**Chocolate Station** - *Premium Dark, Milk, and White Chocolate made in the USA, Truffles, Mints and loads of M&Ms*

**Popcorn Station** - *Freshly popped organic popcorn with customized individual containers*

Please make checks payable to **CT Dermatology & Dermatologic Surgery Society**  
PO Box 1079, Litchfield, CT 06759 Fax: 860-567-3591 • Debbie Osborn Cell: 860-459-4377  
Or email credit card payment to [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com)

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Connecticut Dermatology and Dermatologic Society**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

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 FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**26 Sally Burr Road**

6 City, state, and ZIP code  
**Litchfield, CT 06790**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

**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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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

**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.

**Sign Here** Signature of U.S. person ▶ *Deborah Osborn* Date ▶ **January 10, 2019**

**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).

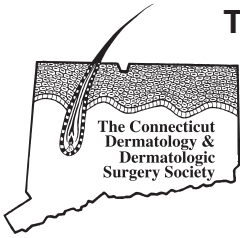
**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# The Connecticut Dermatology and Dermatologic Surgery Society

## Agenda

Thursday, May 23, 2019

The Aqua Turf, 556 Mulberry Street, Plantsville, Connecticut

4:00 **Registration - Vendor Expo**

4:30 **Wine and Cheese Tasting Event**

4:50 **Opening Remarks, Omar Ibrahimi, M.D., President and Program Chair**

5:00 **Multiple Cutaneous Carcinomas and Keratoses: Managing the Field**

– Sean Christensen, M.D.

*Objectives: 1. Identify patients at risk for multiple skin cancer development. 2. Recognize the progression from ultraviolet injury to actinic keratosis to carcinoma development within a field of actinic damage. 3. Select and prescribe appropriate topical, systemic, or procedural field treatment for patients with multiple lesions.*

5:45 **Business Meeting – Legislative Update – Awards**

6:20 **Dinner**

6:40 **Residents Presentations - UCONN**

– Malcolm Creighton-Smith, M.D. and Michael Storonsky, M.D.

*Objectives: To review challenging and interesting cases from members and discuss treatment options and optimal outcomes.*

7:10 **Immunobullous disease: update on diagnosis and management**

– Mary Tomayko, M.D., Ph.D.

*Objectives: 1. Learn simple new diagnostic tools for immunobullous disorders. 2. Identify patients who would benefit from treatment with biologic therapies. 3. Learn to assess risks of and response to biologic therapies for immunobullous disease.*

8:00 **Coffee and Desserts**

8:30 **Strategies to Provide Individualized Treatment in Moderate-to-Severe Atopic Dermatitis**

– Jeremy Moss, M.D.

*Objectives: 1. Utilize updated criteria and guidelines to accurately diagnose atopic dermatitis (AD) and assess severity 2. Describe the limitations of currently available therapies in addressing underlying AD pathophysiology 3. Evaluate recent clinical evidence on the utility of approved and emerging biologic agents to address the underlying pathophysiology of AD 4. Discuss strategies that will improve patient satisfaction with treatment and reduce the burden of comorbidities.*

9:00 **Certificates and Door Prizes**

This activity has been planned and implemented in accordance with the Essentials and Standards of the Connecticut State Medical Society through the joint sponsorship of CSEP and The Connecticut Dermatology & Dermatologic Surgery Society. CSEP is accredited by the CSMS to provide continuing medical education for physicians.

CSEP designates this educational activity for a maximum of 3.50 AMA PRA Category I Credit(s)<sup>™</sup> toward the AMA Physicians Recognition Award. Each physician should claim only those hours of credit that he/she spent in the activity.