

Exhibitor Set-up

2pm-4pm

Breakdown

8:30pm - 9:00 pm

Connecticut Dermatology and Dermatologic Surgery

Annual Educational Meeting and Expo

Thursday, May 31, 2018 • 3:30 pm - 9:00 pm

The Aqua Turf • 556 Mulberry Street • Plantsville, Connecticut

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 you calendar for this well attended Annual Meeting.

We look forward to seeing you at The Aqua Turf.

With best regards,

Rebecca 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

DERMATOLOGY EXHIBITOR LEVELS

PLATINUM EXHIBITOR

Cost: \$3,250.00 (plus 6.35% CT sales tax \$206.38) **if signed contract is received by April 17, 2018.**

\$3,500.00 (plus 6.35% CT sales tax \$222.25) **if contract or payment is received after April 17, 2018.**

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. 1, 2018 to: debbieosborn36@yahoo.com.

GOLD EXHIBITOR

Cost: \$2,000.00 (plus 6.35% CT sales tax \$127.00) **if signed contract is received by April 17, 2018.**

\$2,500.00 (plus 6.35% CT sales tax \$158.75) **if contract or payment is received April 17, 2018.**

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.

SILVER EXHIBITOR

Cost: \$1,295.50 (plus 6.35% CT sales tax \$82.24) **if signed contract is received by April 17, 2018.**

\$1,500.00 (plus 6.35% CT sales tax \$95.25) **if contract or payment is received after April 17, 2018.**

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.

All Exhibitors

Additional badges can be purchased for \$450.00 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-refundable.** Upon completion of this form, both parties enter a binding legal contract. **Please contact The Aqua Turf, 556 Mulberry Street, Plantsville CT 06479 for shipping arrangements of your booth - phone 860-621-9335.**

Exhibitors will be supplied with a pipe-draped area per contract, table and chairs, sign, free WiFi, name badges and will be allowed to participate with the cocktails and food provided in the exhibit area. 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 April 17, 2018 there will be a \$25.00 charge per name per badge.**

Name Badges

Please provide name(s) of company representative who will attend by April 17, 2018. (please print)

Badges included with your booth - Attendee Names:

Additional Badges \$450.00 each - Attendee Names:

DERMATOLOGY ELECTRICAL AND ADVERTISING FORM

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 860-567-4911, fax 860-567-3591 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 August 1, 2017

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: _____

Late Fee: 20% increase after April 17, 2018

*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.

DERMATOLOGY ADVERTISING RATES (4-COLOR PROCESS)

Program Book (4.875" x 5.25")	Exhibitors	Non-exhibitors
1/2 Page (horizontal)	\$600	\$1,000
Full page (vertical)	750	1,500
2 page spread	1,000	2,750

8.5" x 11" Insert*	Exhibitors	Non-exhibitors
2 Page Insert*	\$1,000	\$2,750
4 Page Insert*	1,500	3,500

* Rates shown are for printed inserts provided by the advertiser. For additional information contact debbieosborn36@yahoo.com

Premium Positions (4.875" x 5.25")	Exhibitors	Non-exhibitors
Inside front cover & facing page	\$1,500	\$2,500
Page facing table of contents	1,250	2,000
Inside back cover	1,250	2,000
Outside back cover	1,500	2,250

Ad specifications for Program Book: Single page 3.875" x 5.25", High Resolution pdf with all type set to outline.

Art Deadline 45 days prior to event.

Ad close & Payment Deadline 30 days prior to the event.

PLEASE NOTE: To receive a 10% advertiser discount for this program advertising commitment and payment must be received prior to 3 months of the event.

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

DERMATOLOGY CONTRACT AND PAYMENT FORM

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

accept the following conditions of the

- Platinum \$3,250 (plus 6.35% tax), **\$3,500** (plus 6.35% tax), **if received after April 17, 2018.**
- Gold \$2,000 (plus 6.35% tax) **\$2,500** (plus 6.35% tax), **if received after April 17, 2018**
- Silver \$1,295.50 (plus 6.35% tax) **\$1,500** (plus 6.35% tax), **if received after April 17, 2018**

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
Fax 860-567-3591 • Phone 860-567-4911
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 Code *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 \$ _____ 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!

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>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</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions. 26 Sally Burr Road</p> <p>6 City, state, and ZIP code Litchfield, CT 06790</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

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.

Social security number										
or										
Employer identification number										
0	6		-	1	3	7	7	2	5	6

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ **June 15, 2018**

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.

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 31, 2018

The Aqua Turf, 556 Mulberry Street, Plantsville, Connecticut

3:30 **Registration**

4:00 **Wine and Cheese with Vendos**

4:30 **Combined rheumatology-dermatology clinic for managing connective tissue disease.**

– Jun Lu, M.D.

Objectives: 1. Identify challenges for managing complex connective tissue disease. 2. Identify impact of combined rheumatology-dermatology clinic on patient management and satisfaction. 3. Case based discussion on challenging cases of lupus, scleroderma, sjogren's and dermatomyositis.

5:00 **Update on Clinical Trials for Psoriasis and Atopic Dermatitis**

– Mona Shahriari, M.D.

Objectives: 1. Describe ground breaking scientific developments in dermatologic research. 2. Evaluate and apply information from recent investigations to clinical practice.

5:30 **Dermatology and Global Health**

– Aisha Sethi, M.D.

Objectives: 1. Define role of dermatology in the Global health arena 2. Outline how factors like immigration, trade, war affect the practice of dermatology. 3. Emerging infectious diseases to watch out for in dermatology here in the US.

6:00 Dinner with Vendors - Business Meeting

6:30 Dessert & Coffee

6:45 **Daily Dilemmas in Dermatology**

– Peter Heald, M.D.

Objectives: In the daily practice of dermatology we often embrace (sometimes subconsciously) dilemmas that directly impact our management of the patient at hand. The following dilemmas will be explored to allow practitioners to improve their management of dermatology patients. 1. To manage disorders of adaptive immunity the strategy of TKO will be compared to PRN with guidelines to help in decision making. 2. With isotretinoin do you aim for 150 or 220? 3. Is your office BBE? 4. Should every methotrexate patient be on folic acid? 5. It is high time for derms to prescribe medical marijuana. 6. Define role of dermatology in the Global health arena. 7. Outline how factors like immigration, trade, war affect the practice of dermatology. 8. Emerging infectious diseases to watch out for in dermatology here in the US.

7:30 **Lessons Learned from the Other Side (of the Exam Table)**

– Richard Antaya, M.D.

Objectives: 1. Participant should be able to identify psychosocial implications of severe skin disease on patients and families. 2. Have better insight into the effects of chronic disease on children and families. 3. Identify strategies for a meaningful and fulfilling practice.

8:15 **Topical Chemotherapy wraps with 5-Fluorouracil**

– Henry Heaton, M.D.

Objectives: The participants should be able to identify patients who would benefit from chemotherapy wraps, implement chemotherapy wraps using fluorouracil, and identify the signs and symptoms of local and systemic fluorouracil toxicity.

Resident Presentation

– Christopher Stamey, M.D.

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 3.75 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.

Please note: No certificates will be handed out without completing and handing in the CME Evaluation Form suggested topics and speakers and outcome measurement questionnaire at the end of the program.

Sponsorship

DERMATOLOGY MEETING MAY 31, 2018

Non-CME Social Hour

**Cost: \$2,500 Plus 6.35% State tax before
March 1, 2018**

After March 1, 2018 \$3,000 Plus 6.35% State tax

Time: 4:30 pm – 5:30 pm

**Aqua Turf Wagon Room
Private Lounge**

Included:

- Wine & Cheese Selection for attendees
- Attendance List
- Silver Booth Space (6' x 8' in Main Vendor Hall) see previous pages for details
- AV and Podium for 20 minute Presentation from Speaker of your choice
- 1 page Announcement in 3 E-blasts to Members
- 1 page Advertisement in Program Book
- Free Internet Access

Not Included:

- Speaker's Travel Expenses and Honorarium
- Electrical

Registration (One Sponsor per Meeting on First Come First Serve Basis)

Title of Presentation _____

Name of Speaker who will be presenting _____

Name of Company: _____

Billing Address: _____
(Street, City, State, Zip Code)

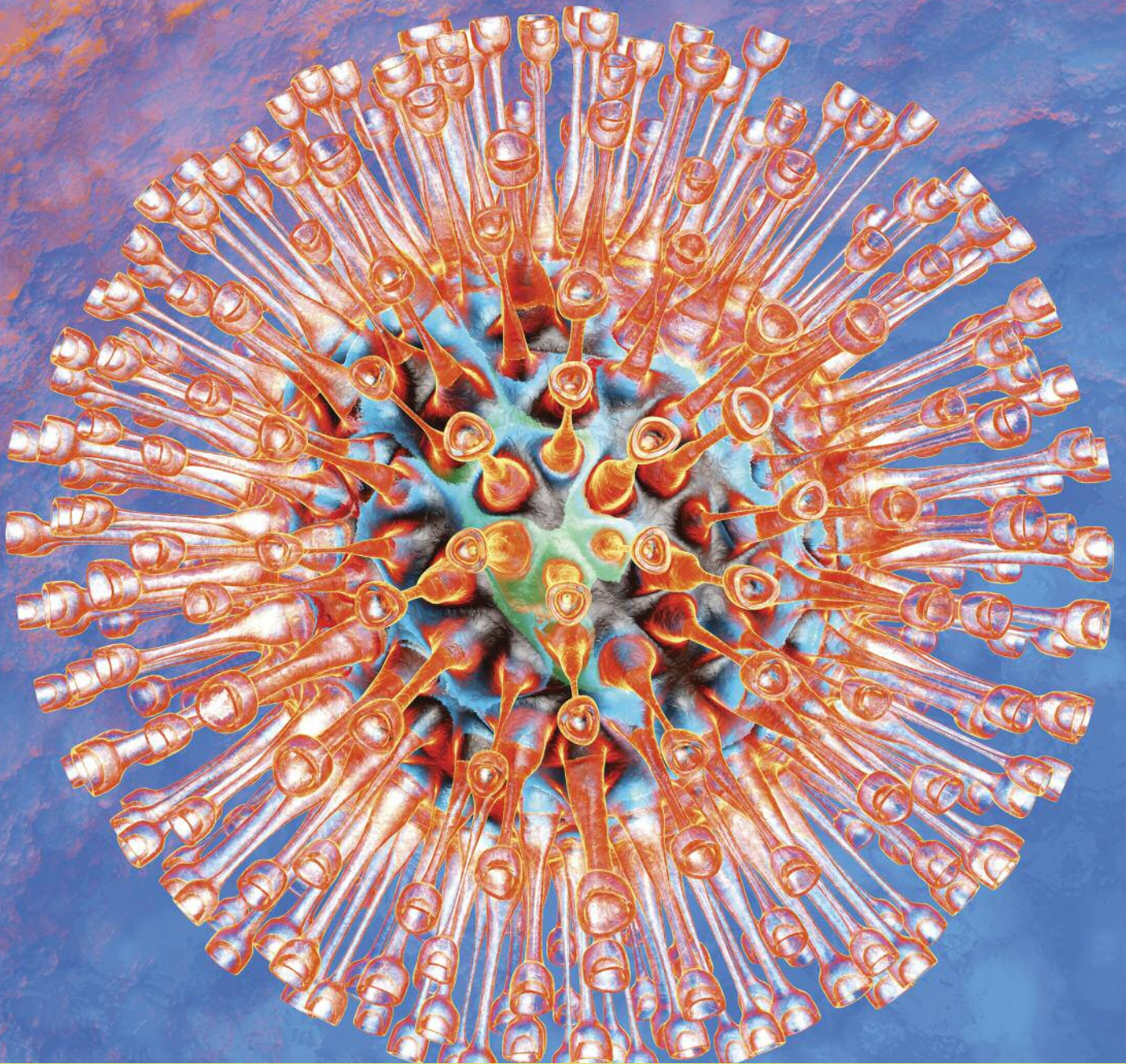
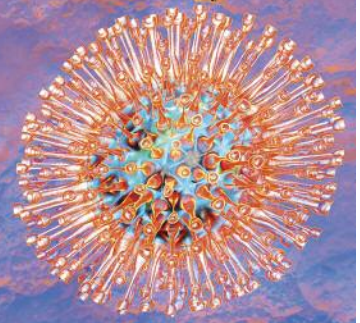
Representative Name: _____
(Please print)

Authorized Signature: _____

Representative Cell Phone: _____ Phone Number: _____ Fax Number: _____

Email Address: _____

SAVE THE DATE
THURSDAY
OCTOBER 11, 2018



**Speakers include: Jane Grant-Kels, M.D.
Louis Kuchnir, M.D., Rachel Reynolds, M.D.**