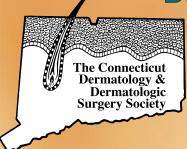
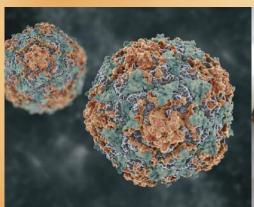
Connecticut Dermatology and Dermatologic Surgery Society

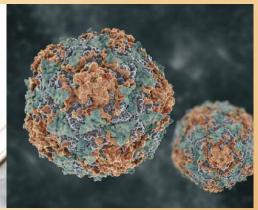


Annual Scientific Educational Program

Exhibitor Agreement Packet

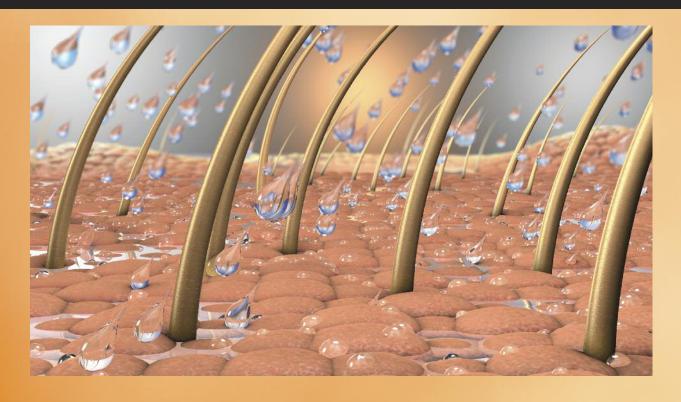






Thursday October 11, 2018

The Aqua Turf Club • 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,
DIDUMN OSDUM
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), takea 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 10-11-2018

PLATINUM EXHIBITOR

Cost: \$3,500.00 (plus 6.35% CT sales tax \$222.25)) if signed contract is received by August 1, 2018. \$4,000.00 (plus 6.35% CT sales tax \$254.00) if contract or payment is received after August 1, 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 August. 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 August 1, 2018. \$2,500.00 (plus 6.35% CT sales tax \$158.75) if contract or payment is received August 1, 2018.

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 for 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 is received by August 1, 2018. \$1,695.50 (plus 6.35% CT sales tax \$107.66) if contract or payment is received after August 1, 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.

* * * * * * * EXHIBITOR SPONSORSHIP WITH EXHIBITOR SPACE * * * * * * *				
Cost: \$2,500.00 (plus 6.35% CT sales tax \$158.75) if signed contract is received by August 1, 2018. \$3,000.00 (plus 6.35% CT sales tax \$190.50) if contract or payment is received August 1, 2018.				
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		i lea	- Onocolate	<u>а горсоні</u>
Additional badges can be purebased for 0450.00 years than do a				

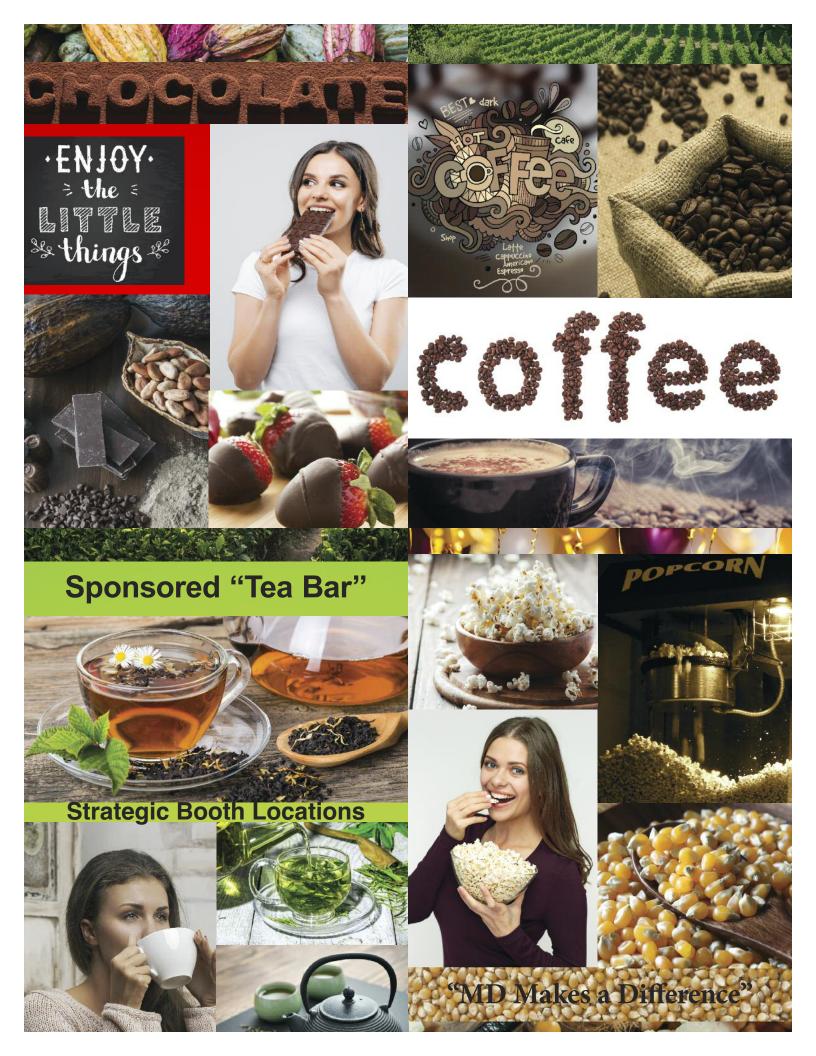
Additional badges can be purchased for \$450.00 per attendee.

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.

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 August 1, 2018 there will be a \$25.00 charge per name per badge.

Please provide name(s) of compan	v representative who will attend by	/ August 1, 2018, /	(please print)

Badges included with your booth - Attendee Names:	Additional Badges \$450.00 each - Attendee Names:



DERMATOLOGY ELECTRICAL AND SPONSORHIP FORM 10-11-18

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 7in C	'ada)		
Representative Name:	ase print)			
			Fax Number:	
Email Address:				
ГОТАL # OF SINGLE (NOT	DUPLEX) OUTLETS F	REQUIRED: #	amperage (please s	pecify)
PRICING: Before August 1, 2	2018			
1 Outlet (single/not duplex)	\$125.00	2 Outlets (Double)	\$150.00	
3 Outlets (Triple)	\$175.00	4 Outlets (Quad)	\$200.00	
Sub total: Late Fee: 20% increase af		BALAI	NCE DUE:	

DERMATOLOGY SPONSORSHIP / EXHIBITOR OPPORTUNITY DETAILS

Sponsorship	What's included:	
Exhibits next to high traffic areas	Coffee Station - International Coffees, Cinnamon Sticks, Hot	
☐ Coffee Station ☐ Tea Station	Chocolate, Marshmellows, Almond Biscotti, Chocolate Biscotti	
☐ Chocolate Station ☐ Popcorn	Tea Station - More than 20 varieties of quality tea - Oolong, Darjeeling, English Breakfast, Ceylon, Green; Herbal Varieties	
·	Mint, Honey, Lemon Drop	
Please Note:	Chocolate Station - Premium Dark, Milk, and White	
Space is limited and fills up early.	Chocolate made in the USA, Truffles, Mints and loads of M&Ms	
Thank you!	Popcorn Station - Freshly popped organic popcorn with	

customized individual containers

^{*}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 CONTRACT AND PAYMENT FORM 10-11-2018

I,	as authorize	ed representa	tive for	
((please print)		(company name	e as you wish it to appear in program)
accep	ot the following conditions of the			
Check	your Sponsorship Station choice: • Coffee	☐ Tea	□ Chocolate	□ Popcorn
Numb	per of Extra Badges @ \$450 per badge	TOTA	L	
 Signati	ure of Authorized Card Holder	Co	ompany Name (please p	rint)
Repres	sentative Name (please print legibly)	Co	ompany Accounting Ema	ail Address
Title		Cit	y State Zip	
Repres	sentative Cell Phone #	Te	lephone #	
Repres	sentative Email Address	 Fa	x #	
	www. Osbeun	CD	S Tax ID#: 06-137	77256
	26 Sally Burr Road •	PO Box 10		ety 06759
	Fax 860-567- email debbieosborn36@yahoo.d		ne 860-567-4911 ie Osborn Cell pho	one 860-459-4377
	Credit C	ard Payı	ment Form	
		Mastercard		American Express
		_// 6 digit card nu		<u> </u>
		g	,	
	(Expiration date)		(Billing Zip Co	de *Required)
	, ,	Security Co	odes	
*3 diai	it # that appears on the back of the MC/VISA car	d *	4 digit # that appears	_// on the front of AMEX card
3	*These numbers are needed to			
\$	Booth Amount \$	_ Extra Bac	dge Amount \$	Sponsorship Amount
\$	Electrical Amount (if reques	sted) \$	Total	
		\$	6.359	% CT sales tax charged
		\$	Total	amount charged including tax
	(Card holder name)		(Card holder sign	nature)
		*		
	(Card holder address)	* Req	uired - (Billing Addre	ess City - State - Zip Code)

Please fill out completely!

Form (Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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 4 Exemptions (codes apply only to Specific Instructions on page following seven boxes. certain entities, not individuals; see instructions on page 3): C Corporation ☐ S Corporation Partnership ☐ Trust/estate Individual/sole proprietor or single-member LLC Exempt payee code (if any) Print or type. 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 Exemption from FATCA reporting LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is code (if any) 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) (Applies to accounts maintained outside the U.S.) 5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional) 26 Sally Burr Road 6 City, state, and ZIP code Litchfield, CT 06790 7 List account number(s) here (optional) Taxpayer Identification Number (TIN) Part I Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number 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 or Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and **Employer identification number** Number To Give the Requester for guidelines on whose number to enter. 5 0 6 1 3 7 7 2 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 ▶	Deberah	08601
Here	U.S. person ▶	1 MANAGEMENT	

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.

SAVE THE DATE THURSDAY, May 23, 2019



Speakers to be Announced

For more information contact Debbie Osborn, Executive Director email: debbieosborn36@yahoo.com · Cell phone: 860-459-4377

www.ctdermatologysociety.org