



OFFICERS

President

Kathleen LaVorgna, MD, FACS

President-elect

Michael Deren, MD, FACS

Secretary

Kimberly Davis, MD, MBA, FACS

Treasurer

Alan Meinke, MD, FACS

Immediate Past President

Juan Sanchez, MD, FACS

ACS Governor-at-Large

Scott Kurtzman, MD, FACS

COUNCILORS

Term Ending 2014

David McFadden, MD, FACS

J. Alexander Palesty, MD, FACS

Frank Scarpa, MD, FACS

Richard Weiss, MD, FACS

Term Ending 2013

Robert Brautigam, MD, FACS

Philip Corvo, MD, FACS

Christina DelPin, MD, FACS

Scott Ellner, MD, FACS

Felix Lui, MD, FACS

David Shapiro, MD, FACS

EX-OFFICIO MEMBERS

Carlos Barba, MD, FACS

Jennifer Bishop, MD

Gary M. Bloomgarden, MD, FACS

Jillian Dumeer, MD

Yuk Ming Liu, MD

Lenworth Jacobs, MD, FACS

Ramon Jimenez, MD, FACS

Orlando C. Kirton, MD, FACS

EXECUTIVE DIRECTOR

Christopher M. Tasik

65 High Ridge Road

PMB 275

Stamford 06905

O: 203-674-0747

F: 203-621-3023

www.facebook.com/ctacs

*Uniting Surgeons to Advance
Patient Care in ConnecticutSM*

2015 Annual and Scientific Meeting Exhibitor Kit

The Connecticut Chapter is proud to host one of the largest Annual Chapter Meetings in the American College of Surgeons. Each year close to 200 surgeons, program chairs and surgical residents come together for a full-day of continuing education and fellowship. The 2015 meeting will be held on Friday, November 6th, at the Farmington Marriott Hotel.

The Chapter has reformatted the meeting with the morning dedicated to sessions designed for attending physicians. We are encouraging residents to join us at noon for the 2015 Foster Memorial Lecture, lunch with the exhibitors and an afternoon program geared towards resident issues that closes with the Surgical Skills Competition and Awards presentation. The Skills Competition, a unique educational program created by the Connecticut Chapter, allows residents from Connecticut's surgical residencies to compete against each other in a series of events designed to test their skills. We are confident this new format will be a win-win for our members and our exhibitors.

Exhibitors are encouraged to setup by 8:30am so they can interact with attendees during the continental breakfast, morning break and buffet lunch, all of which are held in the exhibit area. Standard exhibits close down at the end of lunch. Skills Competition exhibits are reconfigured for the event at this time and remain open until the Competition concludes at 7:00pm. We are confident the new format will make a very strong meeting even stronger.

Benefits of Exhibiting

- Direct access to Connecticut surgeons and residents including many hard to reach program chairs
- Company listing in the on-site Exhibitor Directory.
- Special recognition throughout the day
- Online recognition of exhibit support at www.ctacs.org.
- Company listing in certain emails sent to Connecticut Chapter members.



What does your Standard Exhibit Package fee of \$1,000 include?

- Admittance of two representatives per space (additional representatives at \$50 each)
- One 8' skirted table with two chairs
- Nametags, as requested/needed
- Two complimentary registrations to Annual Meeting sessions
- Regularly scheduled on-site meals and break service
- Participation in "Booth Bingo" where participants must visit at least 75% of the exhibit booths to be eligible to win an exciting gift

What does your Resident Surgical Skill Competition exhibit package fee of \$2,500* include?

- All the benefits of the Standard Exhibit Package plus...
- An exhibit table/station, developed in conjunction with the Program Committee, at the Skills Competition
- Interaction with surgical residents from all of the programs in the state
- Four complimentary passes to the Surgical Skills Competition
- Special meeting signage

**As part of the fee your firm agrees to provide equipment and supplies needed to host/co-host a "Surgical Skills Competition" event. These tables are limited in supply and offered at the sole discretion of the Chapter.*

Additional Sponsorship/Unrestricted Educational Grant Opportunities

Increase your exposure at the Annual Meeting with an unrestricted educational grant or sponsorship opportunity. Please contact Christopher Tasik, Executive Director, at info@ctacs.org to discuss how we can customize a package for you.

Tax-ID Information

The Chapter's Tax ID is 04-3839991. A current W-9 is included as the final page of this kit.



EXHIBITOR AGREEMENT

The Connecticut Chapter of the American College of Surgeons Professional Association, Inc. ("CTACSPA") agrees to provide exhibit space at its 2015 Annual Meeting on Friday, 6 November, 2015 at the Farmington Marriott to the undersigned business/corporation. This space is provided on a first-come, first-served basis. The Chapter reserves the right to decline any application, at its sole discretion. By signing below, exhibitors agree to the terms and specifications set forth in the Exhibitor Terms Addendum.

Date: _____

EXHIBITOR

Name: _____

CONTACT

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone: _____

Signature: _____

Your signature indicates your acceptance of the terms of the attached Exhibitor Terms Addendum.

EXHIBIT RESERVATION

Please Reserve the following (check, as applicable):

Standard Exhibit - \$1,000.00

Includes 2 representatives

Surgical Skills Competition Exhibit - \$2,500.00

Includes 2 representatives for meeting and 4 for Skills Competition

Additional Representative(s) \$50 x # _____ = _____

Total Amount Due = _____

I'd like to be invoiced as follows:

Check to be mailed

Email a separate invoice to _____ and a check will be mailed

I'd like to pay by credit card, please email an invoice to _____

Please mail your check made payable to CTACSPA, Inc. to:
 CTACSPA, Inc., 65 High Ridge Rd, PMB 275, Stamford, CT 06905



ADDITIONAL INFORMATION FORM

STANDARD EXHIBITOR

ON-SITE REPRESENTATIVES (2 included) *Additional Representatives (\$50 each):*

- | | |
|---|---|
| <p>1) Name: _____
 Title: _____
 Email: _____</p> | <p>3) Name: _____
 Title: _____
 Email: _____</p> |
| <p>2) Name: _____
 Title: _____
 Email: _____</p> | <p>4) Name: _____
 Title: _____
 Email: _____</p> |
-

SURGICAL SKILLS COMPETITION EXHIBITOR

ON-SITE REPRESENTATIVES (2 included) *Additional Representatives (\$50 each):*

- | | |
|---|---|
| <p>1) Name: _____
 Title: _____
 Email: _____</p> | <p>3) Name: _____
 Title: _____
 Email: _____</p> |
| <p>2) Name: _____
 Title: _____
 Email: _____</p> | <p>4) Name: _____
 Title: _____
 Email: _____</p> |
-

We WANT Chapter name badges for the meeting: Yes No

My booth requires electricity: Yes No

If possible, do not locate us near the following company(ies):



EXHIBITOR TERMS ADDENDUM

Your signature on the Exhibitor Agreement Page will serve as evidence that you have read, understood and agree to abide by the terms and policies outlined below. Acceptance of the Exhibitor Agreement is at the sole discretion of the CTACSPA.

Payment Policy – Unless other arrangements are made with the CTACSPA, all exhibits must be paid 30 days prior to the start date of the meeting.

Cancellation – In the event you need to cancel your exhibit table, the following conditions apply.

- If your exhibit is cancelled via email to info@ctacs.org 60 days or more prior to the start of the meeting the CTACSPA will refund 75% of the exhibit fee.
- If your exhibit is cancelled via email to info@ctacs.org 30 days or more prior to the start of the meeting the CTACSPA will refund 50% of the exhibit fee.
- If your exhibit is cancelled via email to info@ctacs.org less than 30 days or more prior to the start of the meeting the CTACSPA will refund 0% of the exhibit fee.

Location of Exhibit Space – The CTACSPA will make all decisions regarding the physical placement of your exhibit table and its decisions shall be final. If you setup your table in any location other than the assigned spot you do hereby agree that you will relocate to your assigned spot as directed by a representative of the CTACSPA.

Exhibit Size – Unless otherwise agreed to, exhibits are limited to table top displays. Booths are not permitted. We ask that you be considerate of the exhibitors situated around you and arrange your exhibit in such a manner that it does not obstruct the view of or interfere with other exhibits. You are prohibited from attaching items to walls, tables, drapes, etc. and will be held liable for any damage caused to the hotel.

Security – In the event setup is made available the night before the meeting, neither the Chapter nor the hotel is responsible for the security or safeguarding of your property. In addition, no security will be provided during the meeting.

Shipping – All costs of shipping, including fees imposed by the hotel, are the responsibility of the exhibitor. The exhibitor agrees to promptly reimburse the Chapter for any such expenses that the hotel may charge.

Liability, Insurance and Waiver of Subrogation – The CTACSPA, its staff, directors, volunteers, contractors, service providers nor the facility shall be held responsible for the safety of exhibits, or for accidents to exhibitors or their employees from any cause prior to, during, or subsequent to the period covered by the Agreement. Exhibitors should, at their own discretion obtain adequate insurance, at their own expense, against such occurrences. Exhibitors waive the right of subrogation by its insurance carrier(s) to recover losses sustained under the exhibitor's insurance for real and personal property.

Service Fees Any and all exhibitor charges for services levied by the facility or subcontractors are the responsibility of the exhibitor. The CTACSPA is not responsible for payment for any services connected with exhibitor requests and has no authority over any service charges, rental fees, set-up fees, labor contracts, etc., that may be required by any venue.

Other Matters – The Chapter reserves the final decision on all matters pertaining to this meeting, whether mentioned herein or not. By signing the Exhibitor Agreement, the exhibitor, agrees that all decisions are be final and binding.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Connecticut Chapter of the American College of Surgeons Professional Association, Inc.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ 501(c)(6) Organization	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="9">Social security number</td></tr> <tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td></tr> </table>	Social security number												-				-			
Social security number																					
			-				-														
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="9">Employer identification number</td></tr> <tr><td>0</td><td>4</td><td>-</td><td>3</td><td>8</td><td>3</td><td>9</td><td>9</td><td>9</td><td>1</td></tr> </table>	Employer identification number									0	4	-	3	8	3	9	9	9	1	
Employer identification number																					
0	4	-	3	8	3	9	9	9	1												

Part II Certification	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> 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 on page 3.	
Sign Here	Signature of U.S. person ▶
	Date ▶ 07/25/2014

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.