



OFFICERS

President

AAST Governor
Kimberly Davis, MD, MBA, FACS

President-elect

Alan Meinke, MD, FACS

Co-VPs, Annual Meeting

Royd Fukumoto, MD, FACS
Adrian Maung, MD, FACS

VP Legislative

Kathleen LaVorgna, MD, FACS

VP, Membership

Secretary

Felix Lui, MD, FACS

Treasurer

David Shapiro, MD, MHCM, FACS

Immediate Past President

Michael Deren, MD, FACS

ACS Governor-at-Large

Philip Corvo, MD, MA, FACS
Kathleen LaVorgna, MD, FACS

COUNCILORS

Term Ending 2018

Royd Fukumoto, MD, FACS
Matthew Hubbard, MD, FACS
Adrian Maung, MD, FACS
Stephanie Montgomery, MD, FACS
Richard Weiss, MD, FACS

Term Ending 2019

Kevin Dwyer, MD, FACS
Shea Gregg, MD, FACS
J. Alexander Palesty, MD, FACS
Brian Shames, MD, FACS
Rekha Singh, MD, FACS

EX-OFFICIO MEMBERS

Christine Van Cott, MD, FACS
Chair, Commission on Cancer
Brendan Campbell, MD, FACS
Chair, CT Cmte. on Trauma
Swathi Reddy, MD
Chair, Residents Committee
Lenworth Jacobs, MD, FACS
ACS, Board of Regents
Scott Kurtzman, MD, FACS
Chair, Senior Surgeons Committee
Geoffrey Nadzam, MD, FACS
CTASMBS Liaison

EXECUTIVE DIRECTOR

Christopher Tasik
65 High Ridge Road, PMB 275
Stamford 06905
O: 203-674-0747 - F: 203-621-3023

www.ctacs.org

Exhibitor Registration Kit

2018 Joint Annual and Scientific Meetings of the

- ❖ *Connecticut Chapter of the ACS Professional Association,*
- ❖ *Connecticut Surgical Quality Collaborative, and*
- ❖ *Connecticut Chapter of the American Society of Metabolic and Bariatric Surgery*

The *Connecticut Chapter of the ACS Professional Association, the Connecticut Surgical Quality Collaborative and the Connecticut Chapter of the American Society of Metabolic and Bariatric Surgery* are pleased to announce our 2018 combined annual meeting.

The meeting builds on the proud history of one of the largest Annual Chapter Meetings in the American College of Surgeon that draws nearly 200 surgeons, program chairs and surgical residents together for a full-day of continuing education and fellowship.

The 2018 meeting will be held on **Friday, October 19th**, at the Farmington Marriott Hotel.

The meeting will offer three opportunities for direct engagement with attendees, during breakfast (7:30am), during the mid-morning 30-minute refreshment break and at the buffet luncheon. All of these will be held in the exhibit room.

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.

Benefits of Exhibiting

- **Exposure to the memberships of three separate Connecticut surgical societies**
- Direct access to 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 \$1,250 include?

- Admittance of two representatives per table (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 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 Opportunities

We offer a variety of support opportunities to increase your exposure at the meeting. These are offered to help the Chapter continue to offer this high caliber meeting to our members and guests. All supporters will receive:

- Acknowledgment in the Conference Program materials
- Acknowledgment on event signage
- Recognition of your support from the podium at the business meeting
- An opportunity to have one piece of Chapter approved sales literature distributed at registration

According to ACCME Standard 4 *“Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.”* Therefore, the options below reflect fees for support opportunities only.

All firms are encouraged to secure exhibit space for face to face access to participants. The Chapter invites our exhibitors and supporters to provide prizes for special drawings held in the exhibit area if they wish to add additional visibility to their support and exhibit package. Prize acceptance is subject to prior approval from the Chapter.

PLATINUM SUPPORTERS (2) – Contributions of \$5,000 or more In addition to the recognition noted above, PLATINUM supporters receive a full-page ad space in the conference program book. Back cover or inside front cover, first come, first choice and recognition on the Chapter’s website. PLATINUM supporters will also be recognized at the at the Chapter Business Meeting.

GOLD SUPPORTERS – Contributions of \$2,500 or more In addition to the recognition noted above, GOLD supporters receive a single page ad space in the conference program book and recognition on the Chapter’s website. GOLD supporters will also be recognized at the at the Chapter Business Meeting.

PRE-CONFERENCE DINNER SUPPORTER – Contribution of \$1,250. In addition to the recognition noted above, the DINNER supporter will receive a half page ad space in the conference program book and, logo placement on the tables at dinner and recognition on the Chapter’s website. DINNER supporter will also be recognized at the at the Chapter Business Meeting.



OTHER SUPPORT OPTIONS

All include:

- Acknowledgment in the Conference Program materials
- Acknowledgment on general event signage
- Recognition of your support at the business meeting

General Conference Supporter – \$1,000

Special recognition via logo on signage in the registration area.

Conference Program Booklet – \$3,000

Recognition via a full-page ad in delegate non-CME program booklet placed opposite page one of the meeting agenda. (Commitment and print-ready logo and artwork required by 09/30/18)

Breakfast and Refreshment Break – \$2,500

Acknowledgment via placement of logo on signage on the buffet serving tables. The right for company representative to place literature on the dining tables at breakfast and during the morning break.

Lunch Supporter – \$5,000

Acknowledgment via placement of logo on signage on the buffet serving tables. The right for company representative to place literature on the dining tables at breakfast and during the morning break.

Tax-ID Information

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

Discounted Hotel Rooms at the Farmington Marriott

Follow this [link](#) to book your room.

Link is also available on the exhibitor information page at www.ctacs.org



EXHIBITOR & COMMERCIAL SUPPORT AGREEMENT

The Connecticut Chapter of the American College of Surgeons Professional Association, Inc. ("CTACSPA") agrees to provide exhibit space and/or commercial support opportunities at its 2018 Annual Meeting on Friday, 19 October, 2018 at the Farmington Marriott to the undersigned business/corporation. Opportunities are 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 and Commercial Supporter 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 - \$1,250.00 (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 # _____ = _____

SPONSORSHIP RESERVATION

Please Reserve the following (check, as applicable):

- Platinum Supporter- \$5,000.00
- Gold Supporter - \$2,500.00
- Pre-Conference Dinner Supporter- \$1,250.00
- General Conference Supporter - \$1,000.00
- Conference Program Booklet - \$3,000.00
- Breakfast and Refreshment Break- \$2,500.00
- Lunch Supporter- \$5,000.00

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):*

- | | |
|----------|----------|
| 1) Name: | 3) Name: |
| Title: | Title: |
| 2) Name: | 4) Name: |
| Title: | Title: |

SURGICAL SKILLS COMPETITION EXHIBITOR

LIST OF ON-SITE REPRESENTATIVES AT TABLE (4 included) *Additional Representatives (\$50 each):*

- | | |
|----------|----------|
| 1) Name: | 3) Name: |
| Title: | Title: |
| 2) Name: | 4) Name: |
| Title: | Title: |

LIST ON-SITE REPRESENTATIVES AT SKILLS COMPETITION (4 included)

- | | |
|----------|----------|
| 1) Name: | 3) Name: |
| Title: | Title: |
| 2) Name: | 4) Name: |
| Title: | Title: |

Please print Chapter name badges for us at the meeting: Yes No

My booth requires electricity: Yes No

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

- 1.
- 2.
- 3.



EXHIBITOR and COMMERCIAL SUPPORTER TERMS ADDENDUM

Your signature on the Exhibitor and Commercial Supporter 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, Inc.

Payment Policy – Unless other arrangements are made with the CTACSPA, all fees 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.

ACCME Compliance– According to ACCME Standard 4 “Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.” Your signature on the Exhibitor and Commercial Supporter Agreement Page confirms your agreement with and acceptance of this policy.

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Connecticut Chapter of the American College of Surgeons Professional Association, Inc.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ 501(c)(6)		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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 65 High Ridge Rd, PMB 275		Requester's name and address (optional)
	6 City, state, and ZIP code Stamford CT 06905		
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									

or

Employer identification number									
0	4	-	3	8	3	9	9	9	1

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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 08/09/2017
------------------	----------------------------	-------------------

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. 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. See *What is FATCA reporting?* on page 2 for further information.