

**OFFICERS**

**President**

Royd Fukumoto, MD, FACS

**President-elect**

Open

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Shawna Kettyle, MD, FACS

Denise Barajas, MD, FACS

**VP Legislative**

Brendan Campbell, MD, FACS

Kathleen LaVorgna, MD, FACS

**VP, Membership**

Open

**Secretary**

Christine Finck, MD, FACS

**Treasurer**

Shawna Kettyle, MD, FACS

**Immediate Past President**

*Chair, Diversity & Inclusion Committee*

David Shapiro, MD, MHCM, FACS

**ACS Governors-at-Large**

Felix Lui, MD, FACS

Alan Meinke, MD, FACS

**COUNCILORS**

*Term Ending 2025*

Jonathan Blancaflor, MD, FACS

Roselle Crombie, MD, FACS

Philip Corvo, MD, FACS

Kevin Dwyer, MD, FACS

Shea Gregg, MD, FACS

Scott Kurtzman, MD, FACS

J. Alexander Palesty, MD, FACS

*Term Ending 2026*

Denise Barajas, MD, FACS

Adrian Maung, MD, FACS

Krishan Patel, MD, FACS

Richard Weiss, MD, FACS

**EX-OFFICIO MEMBERS**

Bret Schipper, MD, FACS

*Chair, Commission on Cancer*

Kevin Schuster, MD, FACS

*Chair, CT Cmte. on Trauma*

Open

*Chairs, Residents Committee*

Philip Corvo, MD, MA, FACS

*Chair, Awards Committee*

Christine Finck, MD, FACS

*Chair, Women in Surgery Committee*

Neil Floch, MD, FACS

*CTASMBS Liaison*

**EXECUTIVE DIRECTOR**

Christopher Tasik

65 High Ridge Road, PMB 275

Stamford CT 06905

T: 203-674-0747 - F: 203-621-3023

**2025 Annual and Scientific Meetings of the  
Connecticut Chapter of the ACS Professional Assoc.,  
Exhibitor Registration Kit**

The **Connecticut Chapter of the ACS Professional Association** is pleased to announce our annual meeting.

When? Friday, October 17, 2025

Where? Trumbull Marriott Hotel, 180 Hawley Ln, Trumbull, CT

(<https://goo.gl/maps/rpB2HvvAZ1kgN7un8>)

The meeting builds on the proud history of one of the largest Annual Chapter in the country and offers access to program chairs, surgical residents, and medical students together for a full day of continuing education and fellowship.

We offer three opportunities for direct engagement with all attendees hosted in the exhibit room:

1. Breakfast starting at 7:30am;
2. Mid-morning 30-minute refreshment break starting at 10:15am
3. Buffet luncheon starting at 12:15pm

Standard exhibits close at the end of lunch. Skills Competition tables are reconfigured for the event at this time and remain open until the Competition concludes between 6:30 and 7:00pm. Skills will be a satellite symposium this year with no CME being offered in compliance with current ACCME rules.

**2025 Agenda and Program Highlights**

Our program committee is working hard on developing meeting topics and themes and inviting top quality speakers. Follow the meeting website to stay on top of all the latest news!

**Paper Competitions to include:**

- Trauma/Critical Care - Hosted by the CT Committee on Trauma
- Clinical Oncology - Hosted by the CT Commission on Cancer
- General Surgery - Hosted by the CTACSPA
- Plastic & Reconstructive Surgery- Hosted by the CTACSPA
- Pediatric Surgery- Hosted by the CTACSPA
- Surgical Subspecialties- Hosted by the CTACSPA
- Surgical Quality, NSQIP and ERAS - Hosted by the CT Surgical Quality Collaborative
- Metabolic and Bariatric Surgery - Sponsored by the CT Chapter of the American Society of Metabolic and Bariatric Surgery
- Medical Student Research Competition - Hosted by the CTACSPA

**Surgical Skills Competition** – Residents from all programs in the state compete head-to-head at various skills stations designed to test their knowledge and clinical training.

## Commercial Promotion Opportunities

### Benefits of Exhibiting

- 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](http://www.ctacs.org)
- Company listing in certain emails sent to Connecticut Chapter members and on the meeting website

### What does your Standard Exhibit Package fee of \$1,500 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

### Satellite Symposium – Surgical Skills Competition

Our long-running Satellite Skills Competition is now being offered as a non-CME Satellite Symposium. This makes the competition much easier for us to deliver to you this year. No paperwork required, just check the box and you're in! The fee for Skills is \$1500. You will also need to purchase a Standard Exhibit Table to take part in the CME portion of the meeting as an exhibitor. Skills Exhibitors receive the following:

- A station, developed in conjunction with the Program Committee, at the Skills Competition
- Interaction with surgical residents from all 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. These tables are limited in supply and offered at the sole discretion of the Chapter.

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

*Note that you must participate as a Standard Exhibitor to participate in the Satellite Symposium – Surgical Skills Competition.*

### Additional Exhibitor Support Options

- **PLATINUM EXHIBITOR** –\$5,000  
Platinum exhibitors receive a full-page ad in the online conference program book (back cover or inside front cover), recognition on the Chapter’s website, acknowledgement at the Chapter Business Meeting and on all printed & digital meeting materials.
- **GOLD EXHIBITOR** –\$2,500  
Gold exhibitors receive a full-page ad in the online conference program book, recognition on the Chapter’s website, acknowledgement at the Chapter Business Meeting and on all printed & digital meeting materials.
- **SILVER EXHIBITORS** – \$1000  
Silver exhibitors receive a half page ad in the online conference program book, recognition on the Chapter’s website, acknowledgement at the Chapter Business Meeting and on all printed & digital meeting materials.
- **CONFERENCE PROGRAM BOOKLET**– \$1,500  
Recognition via a full-page ad in delegate program booklet, recognition on the Chapter’s website, acknowledgement at the Chapter Business Meeting and on all printed meeting materials.

*(Commitment and print- ready logo and artwork required by 09/15/2025)*

### Swag Support Add-ons – NEW in 2025

To comply with ACCME regulations there will be a swag table inside the door of the main exhibit hall where meeting participants can pick up swag. It will not be handed out at registration. *Must be confirmed and paid by 20 September 2025.*

- **Logo Badge Lanyards**–\$1,500  
Sponsor logo or name printed in white on a navy-blue badge lanyard with clip.
- **Logo Grocery Totes** –\$2,000  
Sponsor logo printed in color on a reusable grocery tote with Chapter logo printed on the reverse side.

### Commercial Support Opportunities

There are additional ways to support the Annual Meeting. Commercial support (see ACCME Standard 4 for more information) allows for companies to defray the cost of the activity for all learners. Supporters will be acknowledged by name and nature of support prior to the learners engaging in the education. Disclosure will not include the ineligible companies’ corporate or product logos, trade names, or product group messages. *Note that a signed ACS Commercial Support LOA is now required for these opportunities.*

**Breakfast and Refreshment Break Supporter – \$2,500**

**Lunch Supporter - \$3,500**

### **Tax-ID/W-9**

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

### **Discount Hotel Room Reservation**

The Chapter is pleased to offer a discounted overnight rate of \$119 the night before the meeting. To take advantage of this special rate please [click here](#).

*This rate expires on Thursday, September 23.*

### **Shipping Information**

Trumbull Marriott

Attn: Taylor Tomasso/CTACSPA Mtg 10/17/2025

180 Hawley Lane

Trumbull CT 06611

Hotel contact for logistics:

Taylor Tomasso

[Taylor.E.Tomasso@marriott.com](mailto:Taylor.E.Tomasso@marriott.com)

203-378-1400

**EXHIBITOR & COMMERCIAL SUPPORT AGREEMENT**

*We URGE you to register online for both credit card and check payments at [www.ctacs.org](http://www.ctacs.org)*

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 Annual Meeting on Friday, 17 October 2025, at the Trumbull 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: \_\_\_\_\_

Payment may be made by check or credit card. We encourage you to use our website, [www.ctacs.org](http://www.ctacs.org) to book your exhibit space whether paying by card or check. The site will send you an acknowledgement of registration. If you need any other information to submit your check request please let me know.

**EXHIBITOR**

Company Name: \_\_\_\_\_

**CONTACT**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

*Your signature above indicates your acceptance of the 2021 terms of the attached Exhibitor Terms Addendum.*

**Exhibit Opportunities**

Please Reserve the following (check, as applicable):

- Standard Exhibit - \$1,500.00 (Includes 2 representatives)
- Combined Standard Exhibit and Skills Exhibit - \$3,000.00 (Includes 4 representatives)

**Promotion Opportunities**

Please Reserve the following (check, as applicable):

- Conference Program Booklet - \$1500.00
- Platinum Supporter- \$5,000.00
- Gold Supporter - \$2,500.00
- Silver Conference Supporter - \$1000.00

**Commercial Support Opportunities**

Please Reserve the following (check, as applicable);  
Require executed ACS LOA):

- Breakfast and Refreshment Break- \$2,000.00
- Lunch Supporter- \$3,500.00

**Total Amount Due =** \_\_\_\_\_

**Swag Opportunities**

Please reserve the following (check, as applicable):

- Lanyards - \$1,500.00
- Grocery Totes - \$2,000.00

If you are not paying online by credit card, please mail checks to:  
CTACSPA, Inc., 65 High Ridge Rd, PMB 275, Stamford CT 06905

## ADDITIONAL INFORMATION FORM

### STANDARD EXHIBITOR

#### ON-SITE REPRESENTATIVES (2 included):

1) Name:  
Title:

2) Name:  
Title:

### COMBINED SURGICAL SKILLS COMPETITION/STANDARD EXHIBITOR

#### ON-SITE REPRESENTATIVES (4 included):

1) Name:  
Title:

3) Name:  
Title:

2) Name:  
Title:

4) Name:  
Title:

Please print Chapter name badges for us at the meeting:  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.

**COVID-19 and Other Communicable Disease Policy** – You agree to hold harmless the Chapter, its agents and affiliates, and the Trumbull Marriot for any communicable diseases that may arise because of your participation in this meeting, including, but not limited to, the COVID-19 novel coronavirus, any derivative diseases, and any other diseases. The meeting will comply with in effect State of Connecticut and hotel guidelines at the time of the meeting.

**Payment Policy** – Unless other arrangements are made with the CTACSPA, all fees must be paid 30 days prior 10/17/2025

**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](mailto: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](mailto: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](mailto: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 tabletop 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

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

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type. See Specific Instructions on page 3.</b>	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><b>Connecticut Chapter of the American College of Surgeons Professional Association, Inc.</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><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</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .</p> <p><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input checked="" type="checkbox"/> Other (see instructions) <b>501(c)(6)</b></p>	<p><b>4</b> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>65 High Ridge Rd, PMB 275</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p> <p><b>Stamford CT 06905</b></p>	
	<p><b>7</b> List account number(s) here (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.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									
0	4	-	3	8	3	9	9	9	1

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**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.

<b>Sign Here</b>	Signature of U.S. person	Date <b>03/01/2025</b>
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## 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).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they