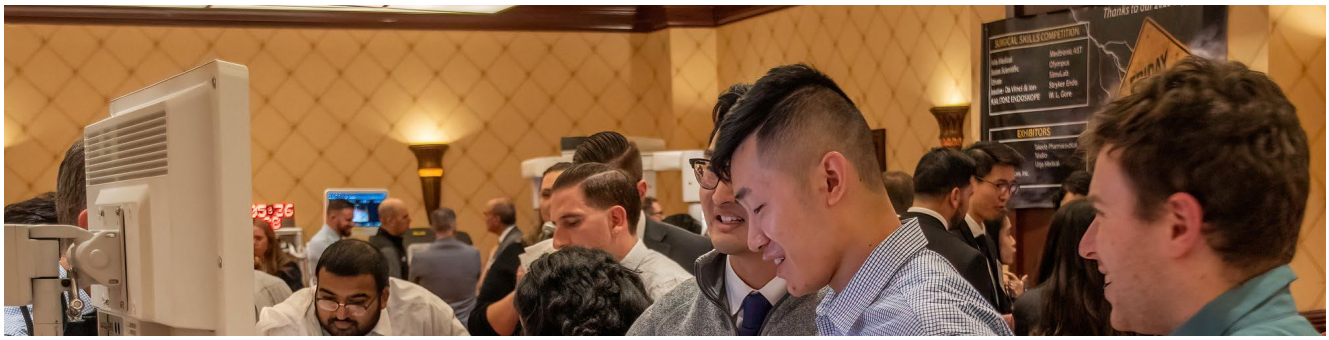
ACS AMERICAN COLLEGE OF SURGEONS | Connecticut Chapter



2026 Annual and Scientific Meetings
Connecticut Chapter of the ACS Professional Association
Exhibitor Registration Kit

WHEN	**Friday, October 30, 2026**
WHERE	Trumbull Marriott Hotel, 180 Hawley Lane, Trumbull, CT

The Connecticut Chapter of the ACS Professional Association is pleased to announce our annual meeting. We offer three opportunities for direct engagement with our attendees hosted in the exhibit room:

- Breakfast from 7:30 AM – 8:30 AM
- Mid-morning 30-minute refreshment break
- 60-minute buffet luncheon

Standard exhibits close at the end of lunch. Skills Competition tables are reconfigured for the event and remain throughout the afternoon Skills Competition.

2026 AGENDA AND PROGRAM HIGHLIGHTS

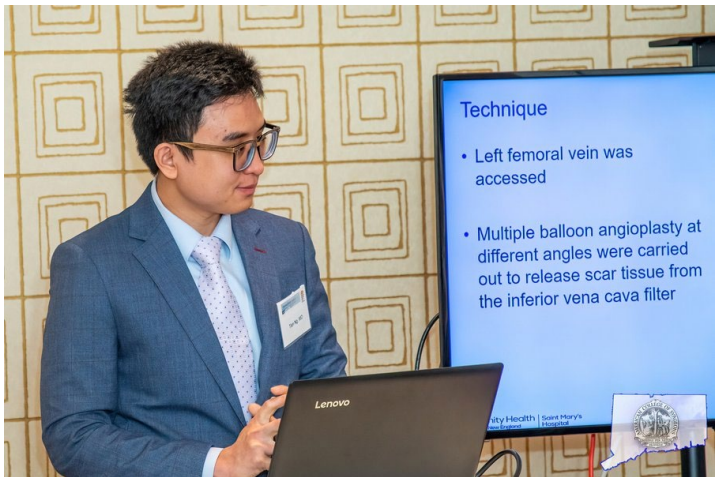
Our 2026 meeting is themed around physician wellness. Follow www.ctacs.org for updates as they become available.

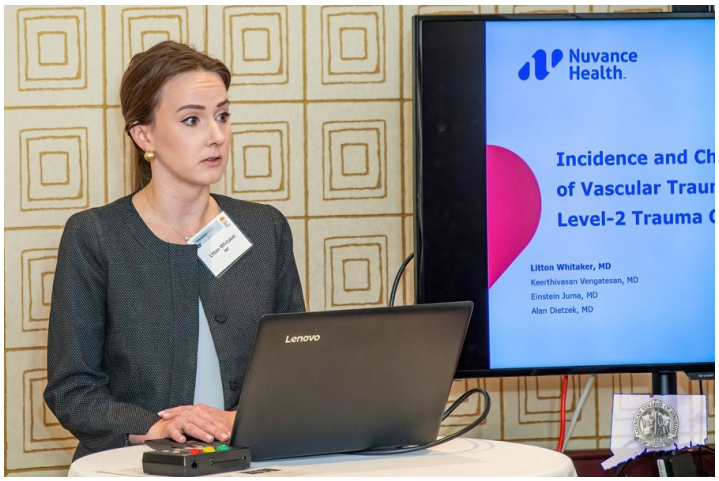
Paper Competitions to include:

- John MacArtthur, MD, FACS 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 CTACSPA
- 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

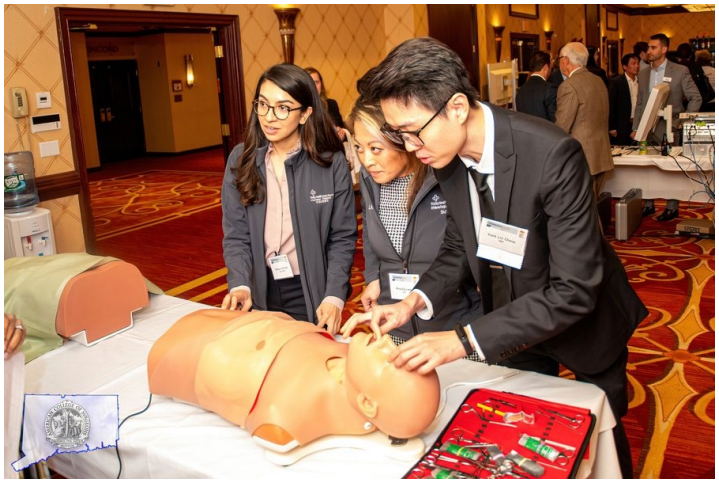
Surgical Skills Competition

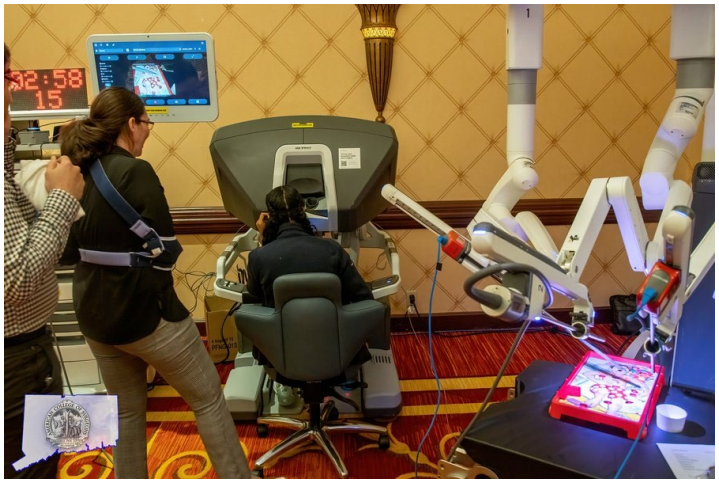
Residents from all programs in the state compete head-to-head at various skills stations during the afternoon Skills Competition. This is a premier opportunity for companies to demonstrate equipment and interact directly with the next generation of Connecticut surgeons. The Skills Competition is a non-CME eligible Satellite Symposium (see below).





Resident Paper Competitions





Surgical Skills Competition Stations

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
- Company listing in emails sent to Connecticut Chapter members and on the meeting website

Standard Exhibit Package — $1,500

Your Standard Exhibit Package includes everything you need for a successful day:

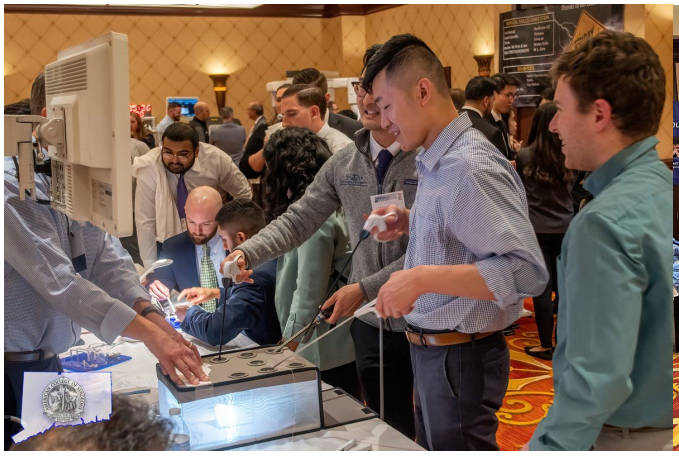
- Admittance of two (2) representatives per table to all meeting sessions
- One 8’ skirted table with two chairs
- Nametags, as requested/needed
- Two complimentary registrations to Annual Meeting sessions
- Regularly scheduled on-site meals and break service
- **Booth Bingo** — participants must visit at least 75% of exhibit booths to be eligible to win a prize; creates guaranteed foot traffic to your table

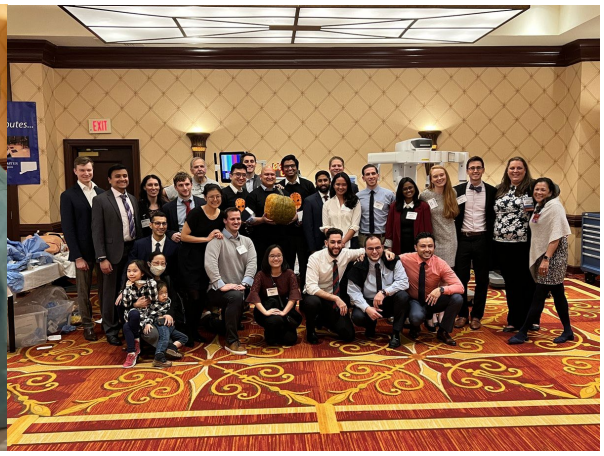
Satellite Symposium – Surgical Skills Competition* - $1,500 add-on

Our long-running Satellite Skills Competition is now offered as a non-CME Satellite Symposium. No extra paperwork — all forms are handled by the Chapter on your behalf. Inclusion in the Satellite Symposium provides:

- A station, developed in conjunction with the Program Committee, at the Skills Competition
- Interaction with surgical residents from all 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. Tables are **limited in supply** and offered on a first-come, first-served basis.

***⚠ Note:** You must purchase a Standard Exhibit Package AND the Satellite Symposium – Surgical Skills Competition add-on for a total investment of **$3,000** to participate in Skills.





SWAG SUPPORT ADD-ONS

To comply with ACCME regulations, there will be a swag table inside the door of the exhibit hall where attendees may take items. The following branded items are offered on a first-come, first-served basis:

- **Logo Badge Lanyards — $1,500:** Sponsor logo or name printed in white on a navy-blue badge lanyard with clip. Worn by attendees throughout the day.
- **Logo Grocery Totes — $2,000:** Sponsor logo & Chapter logo printed on a reusable grocery tote.

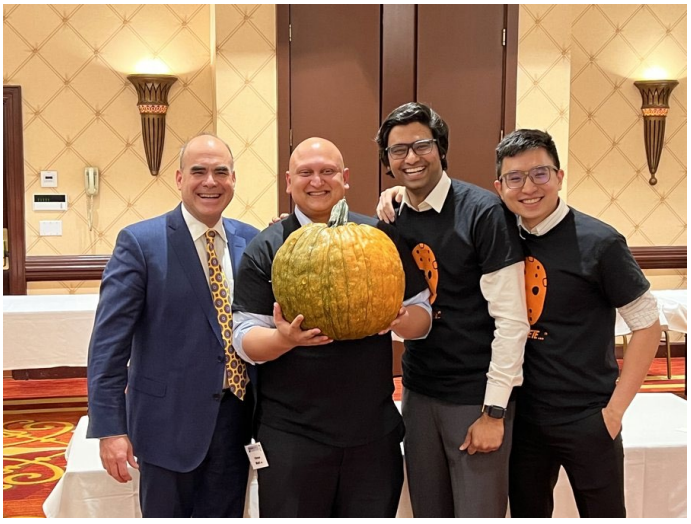
COMMERCIAL SUPPORT OPPORTUNITIES

There are additional ways to support the Annual Meeting beyond exhibit space. Commercial support (see ACCME Standard 4 for more information) is handled separately from exhibit fees. Supporters receive recognition in the on-site program and on the meeting website.

- **Breakfast and Refreshment Break Supporter — $1,250 (two available)**
- **Lunch Supporter — $1,750 (two available)**

SKILLS COMPETITION PRIZES

Please indicate on the form below if you can provide a prize to award the winning team for the Skills Competition. Each team is comprised of an intern, a mid-level, and a chief



ACS AMERICAN COLLEGE OF SURGEONS | Connecticut Chapter

LOGISTICS

Tax ID / W-9

The Chapter's Tax ID is 04-3839991. A current W-9 is available upon request and included as the final page of the original kit.

Discounted Hotel Rooms

The Chapter is pleased to offer a discounted overnight rate of $124 for the night before the meeting (October 29, 2026). To take advantage of this rate, click here to reserve and reference the CTACSPA Annual Meeting block.

This rate expires Tuesday, October 6, 2026.

Shipping Information

Ship exhibit materials to arrive no earlier than October 26, 2026:

Trumbull Marriott
Attn: Taylor Tomasso / CTACSPA Mtg 10/30/2026
180 Hawley Lane
Trumbull, CT 06611

Hotel Logistics Contact:
Taylor Tomasso
Taylor.E.Tomasso@marriott.com
203-378-1400

ACS AMERICAN COLLEGE OF SURGEONS | Connecticut Chapter

EXHIBITOR & COMMERCIAL SUPPORT AGREEMENT

2026 CTACSPA Annual and Scientific Meeting • October 30, 2026 • Trumbull Marriott

★ **PREFERRED:** Register and pay online at www.ctacs.org — accepts both credit card and check payments. Questions? Contact Christopher Tasik: **203-912-1636** or info@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, 30 October 2026, 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:

COMPANY INFORMATION

Company Name	
Contact Name	
Title	
Email Address	
Phone Number	

REGISTRATION SELECTION

EXHIBIT OPPORTUNITIES

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

SWAG ADD-ONS

☐ **Logo Badge Lanyards** — $1,500 (1 avail.)
☐ **Logo Grocery Totes** — $2,000 (1 avail.)

COMMERCIAL SUPPORT (ACCME Standard 4)

☐ **Breakfast & Break Co-Supporter** — $1,250
☐ **Lunch Co-Supporter** — $1,750

PAYMENT METHOD

☐ Credit card or check — register online at www.ctacs.org (preferred)
☐ Check payable to: CTACSPA mailed to: CTACSPA, 65 High Ridge Rd., PMD 275, Stamford, CT 06905

ACS AMERICAN COLLEGE OF SURGEONS | Connecticut Chapter

PRIZE DONATION (optional)

The Chapter invites exhibitors to donate prizes for the Surgical Skills Competition.

☐ We **will** donate a prize.

☐ We **will not** donate a prize.

Prize description:

TOTAL AMOUNT ENCLOSED / AUTHORIZED	**$**

AUTHORIZATION

Authorized Signature	Date
Printed Name	Title

ACS AMERICAN COLLEGE OF SURGEONS | Connecticut Chapter

ADDITIONAL INFORMATION FORM

STANDARD EXHIBTOR

ON-SITE REPRESENTATIVES (2 included)*:*

Name:	Title:
Name:	Title:

COMBINED SURGICAL SKILLS COMPETITION/STANDARD EXHIBITOR

ON-SITE REPRESENTATIVES (4 included)*:*

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

Print Chapter name badges?	☐ Yes ☐ No

If possible, do not locate us adjacent to the following:

Return all 3 pages of the completed agreement to:

Christopher Tasik, Executive Director • info@ctacs.org • 203-912-1636

Online registration (preferred): www.ctacs.org

ACS AMERICAN COLLEGE OF SURGEONS | Connecticut Chapter

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 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 arises because of your participation in this meeting, including, but not limited to, the COVID-19 novel coronavirus, any derivate 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 15 days prior to 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 set up 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 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.

Form **W-9**
(Rev. March 2024)
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.

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

Print or type. See *Specific Instructions* on page 3.

1 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.)

Connecticut Chapter of the American College of Surgeons Professional Association, Inc.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

Note: 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.

☑ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

3b 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 ☐

5 Address (number, street, and apt. or suite no.). See instructions.

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 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. See also *What Name and Number To Give the Requester* 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 for Part II, later.

Sign Here | **Signature of U.S. person**  **Date** 04/15/2026

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*.

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