



MASSACHUSETTS ACADEMY OF DERMATOLOGY

4 Lan Drive, Suite 310, Westford, MA 01886

Phone: 978-577-5408 | **Fax:** 978-577-1117

Email: info@massacademyofdermatology.org

Web: www.massacademyofdermatology.org

PRESIDENT

IRA SKOLNIK, MD

May 21, 2018

Dear Exhibitor,

VICE PRESIDENT

JENNIFER TOYOHARA, MD

The Massachusetts Academy of Dermatology would like to invite you to exhibit at our 2018 Annual Meeting, to be held Friday, September 21st through Sunday, September 23rd at the Newport Marriott in Newport, Rhode Island.

DIRECTORS-AT-LARGE

EILEEN DEIGNAN, MD

The Massachusetts Academy of Dermatology's Annual Meeting brings together over 100 dermatologists for a weekend of clinical education and social programming. A draft meeting agenda is attached for your reference.

MICHAEL GOLDABER, MD

NELLIE KONNIKOV, MD

Six-foot exhibit tables are available for an exhibit fee of \$3,500. Exhibitors receive meeting registrations for two representatives. Additional representative badges are \$500. Exhibitors also receive acknowledgement on our website and in all meeting materials, and a list of attendees upon check-in at the meeting.

BRIAN LESTER, MD

GARY MENDESE, MD

SUZANNE VIRNELLI, MD

There are a limited amount of exhibitor tables available and the event will sell out.

DIRECTORS EMERITI

KATHRYN BOWERS, MD

If you plan to exhibit, please complete the attached Intent to Exhibit Agreement and return it with your exhibit fee by Friday, July 13th. Our federal Tax ID # is 04-2551359. Checks should be made payable to "MA Academy of Dermatology" and sent to 4 Lan Drive, Suite 310, Westford, MA 01886.

SUSAN DECOSTE, MD

FREDERICK WAX, MD

Thank you in advance for your support. If you have any questions about the meeting, please contact our Executive Director, Andrew Cronin Finn, MSc, MBA at info@massacademyofdermatology.org or 978-577-5408.

IMMEDIATE

PAST PRESIDENT

LOUIS KUCHNIR, MD

Sincerely,
Ira Skolnik, MD, PhD
President, Massachusetts Academy of Dermatology

EXECUTIVE DIRECTOR

ANDREW CRONIN FINN,

MSC, MBA

MASSACHUSETTS ACADEMY OF DERMATOLOGY AGREEMENT FOR COMMERCIAL SUPPORT

The Massachusetts Academy of Dermatology is committed to presenting CME activities that promote improvements and/or quality in healthcare and are independent of the control of commercial interest. The Academy recognizes the benefit of collaboration between the medical and pharmaceutical industry and physicians and physician organizations. However, the primary objective of professional interactions between these physicians and organizations and industry should be the improvement of patient care. It is the responsibility of physicians to ensure that this care is not inappropriately affected by collaboration with industry. Physician organizations need to organize CME programs of the highest quality for their members, while maintaining costs at a fiscally responsible and reasonable level.

These guidelines for industry support seek to maximize corporate participation in CME programs while maintaining the autonomy and impartiality of individual physicians and physician organizations. They are based on the principles of: (1) openness; (2) quality of teaching and research as determined by experts; (3) freedom from conflict of interest; and (4) appropriate recognition for industry support.

Independence

1. This activity is for scientific and educational purposes only and will not promote the company's products, directly or indirectly.
2. The accredited provider is responsible for all decisions regarding the identification of educational needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control content of the CME, selection of education methods, and the evaluation of the activity.

Appropriate Use of Commercial Support

3. The accredited provider will make all decisions regarding the disposition and disbursement of the funds from commercial interest.
4. The commercial interest will not require the accredited provider to accept advice or services concerning teachers, authors, or participants or other education matters, including content, as conditions of receiving commercial support.
5. All commercial support associated with this activity will be given with full knowledge and approval of the accredited provider. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, joint sponsor, or any others involved with the supported activity.

Commercial Promotion

6. Product-promotion material or product-specific advertisement of any type is prohibited in or during the CME activity. The juxtaposition of editorial and advertising materials on the same products or subjects is not allowed. Live or enduring promotional activities must be kept separate from the CME activity. Promotional materials cannot be displayed or distributed in the education space immediately before, during, or after a CME activity. Commercial interests may not engage in sales or promotional activities while in the space/room of the CME activity.
7. The commercial interest may not be the agent providing the CME activity to the learners.

Disclosure

8. The accredited provider will ensure that the source of support from the commercial interest, either direct or in-kind is disclosed to the participants, in program brochures, syllabi, and other program materials, and at the time of the activity. This disclosure will not include the use of a trade name or a product-group message. The acknowledgment of commercial support may state the name of the company or institution and may include corporate logos and slogans, if they are not product promotional in nature.
9. Accredited provider will ensure meaningful disclosure to the audience, at the time of the program of any

significant relationships between industry and individual speakers or planners.

The commercial supporter agrees to abide by all the requirements of the ACCME Standards of Commercial Support of Continuing Medical Education. Please view: www.accme.org, Standards of Commercial Support. Please view: www.accme.org, Standards of Commercial Support.

The accredited sponsor agrees to abide by all the ACCME Standards of Commercial Support of Continuing Medical Education and acknowledge support from the commercial interest in program materials.



INTENT TO EXHIBIT
REGISTRATION FORM

_____ (COMPANY NAME) will exhibit at the Massachusetts Academy of Dermatology's 2018 Annual Meeting, **Friday, September 21st through Sunday, September 23rd, 2018** at the Newport Marriott in Newport, Rhode Island. **(Exhibit Fee: \$3,500)**

Exhibiting Company (list exactly as it should appear in all listings of exhibitors):

Company Name _____
(Companies may not share booth spaces)

Address _____

City, State, Zip _____

Phone _____ Fax _____ Email _____

Product(s) _____

Contact Person (for correspondence, including information on shipping, etc):

Name _____ Title _____

E-mail: _____

All correspondence will be with the person listed above. The contact person is responsible for forwarding all materials to agents and/or representatives. **Signature:** The exhibitor agrees to abide by all conditions and regulations as set forth in the Agreement for Commercial Support. Reminder: Effective July 1, 2009, Massachusetts Department of Public Health regulations on the "Ban on Gifts to Physicians" took effect. The Academy recommends that all potential exhibitors review this information at www.mass.gov/dph/pharmamed in advance of their onsite presence.

Signed _____ Date _____

The company representatives who will attend the meeting are (please list the names as they should appear on badges. These names can be changed prior to the program by contacting us at info@massacademyofdermatology.org).

Name(s) of Exhibit Representatives:

1. _____ Email: _____

2. _____ Email: _____

Additional exhibitor representative(s) – \$500 registration fee each:

3. _____ Email: _____

4. _____ Email: _____

5. _____ Email: _____

Please fax or mail this completed form by **Friday, July 13, 2018** to:

Andrew Cronin Finn, MSc, MBA | Executive Director | Massachusetts Academy of Dermatology
4 Lan Drive, Suite 310, Westford, MA 01886
T: 978-577-5408 F: 978-250-1117 E: info@massacademyofdermatology.org

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Massachusetts Academy of Dermatology	
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 following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is 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. <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.) See instructions. 4 Lan Drive, Suite 310	Requester's name and address (optional)
6 City, state, and ZIP code Westford, MA 01886	
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
0	4	-	2	5	5	1	3	5	9

Part II Certification

Under penalties of perjury, I certify that:

- 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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 5/31/18
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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.

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-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.