



MASSACHUSETTS ACADEMY OF DERMATOLOGY

P.O. BOX 549154, WALTHAM, MA 02454-9154

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Kimberly Prosper, CMP, CAE

June 1, 2017

Dear Exhibitor,

The Massachusetts Academy of Dermatology would like to invite you to exhibit at our 2017 Annual Meeting, to be held Friday, September 15th through Sunday, September 17th at the Woodstock Inn & Resort, Woodstock, VT.

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.

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 newly-redesigned website and in all meeting materials, and a list of attendees upon check-in at the meeting.

There are a limited amount of exhibitor table-top displays available and the event will sell out. If you plan to exhibit, please complete the attached Intent to Exhibit Agreement and return it with your exhibit fee by Monday, July 10th. Our federal Tax ID # is 04-2551359. Checks should be made payable to "MA Academy of Dermatology" and sent to PO Box 549154, Waltham, MA 02454-9154, attention Kimberly Prosper.

Thank you in advance for your support. If you have any questions about the meeting, please contact our Administrator, Kimberly Prosper, at kprosper@mms.org or (781) 434-7731.

Sincerely,

Ira Skolnik, MD, PhD

President, Massachusetts Academy of Dermatology



**Massachusetts Academy of Dermatology's
2017 Annual Meeting**

Exhibitor Information

Friday, September 15th – Sunday, September 17th

Meeting Venue / Address: Woodstock Inn and Resort, 14 The Green, Woodstock, VT 05091

General Information

- The target audience is: Dermatologists, Dermatology Residents, NP's, PA's and Office Staff with attending MDs. A full list of meeting attendees will be distributed to all exhibitors upon check-in at the meeting.
 - Exhibits will be open during registration on Friday, Friday night's reception (in exhibit area), breakfast on Saturday and Sunday, and breaks.
 - Exhibitors are invited to join the members, attendees, and faculty in the Rockefeller room upstairs from the exhibit hall during the breakfast on Saturday and Sunday and the luncheon on Saturday.
 - Exhibitors are welcome to participate in organized social activities, additional fees may apply.
 - Exhibitors are welcome to attend the education sessions. However, please remove your company name tag. Clothing with company logos and participation in the discussion are not permitted in the educational sessions.
 - Each exhibiting company is allowed **two registrations** to the event. **Additional badges are \$500 each**. Representatives must be registered in advance. The deadline to register representatives with the Mass Academy Administrator is September 1st.
 - Exhibitor spaces are table-top only, on a first come, first serve basis (priority may be given to early / paid exhibitors). Electricity is shared and not guaranteed, please bring extension cords if you need electricity at your table.
 - Please be aware that exhibits will be located outside of the educational sessions, therefore we ask that you kindly conduct business away from the doors to the sessions and breakdown quietly on Sunday mid-morning.
 - Please return the enclosed intent to exhibit form to the Academy office as soon as possible to hold space. The deadline to register for a table is **July 10th** or prior to the spaces selling out. Please call or email the Massachusetts Academy of Dermatology's office to confirm receipt. Phone: 781-434-7731 Fax: 781-464-4896 or massacadderm@mms.org
 - Payments can be made by check or credit card. Please make checks payable to Massachusetts Academy of Dermatology, PO Box 549154, Waltham, MA, 02454-9154. To pay by credit card, please visit <http://www.massacademyofdermatology.org/Exhibitors>
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Agenda

A final agenda will be posted online www.massacademyofdermatology.org

FRIDAY, SEPTEMBER 15

***Exhibitor Setup: 9:00 AM – 12:00 PM (No early set-ups please)**

12:00 PM – 1:00 PM Registration and Exhibits Open

1:00 PM – 5:30 PM Conference with afternoon breaks in the exhibitor area.

5:30 PM Reception with Exhibitors (concludes at 6:30 PM)

Dinner on own

SATURDAY, SEPTEMBER 16

7:00 AM – 9:00 AM Breakfast and Exhibits Open (Breakfast served in Rockefeller Room)

7:30 AM – 12:15 PM Conference with breaks in the exhibitor area.

12:15 PM – 1:30 PM Buffett Luncheon with attendees (served in Rockefeller Room Exhibitors Welcome)

Golf Outing (Separate registration fee and actual tee times TBD)

Dinner on own

SUNDAY, SEPTEMBER 17

7:00 AM – 8:00 AM Breakfast and Exhibits Open (Breakfast served in Rockefeller Room)

8:00 AM – 12:15 PM Conference with breaks in the exhibitor area.

12:15 PM Program Adjourns

Shipping

Packages may be shipped to the venue in advance of the meeting. **Items shipped should not arrive prior to Wednesday September 13th.** Boxes should be addressed as follows:

**Attn: Conference Manager
MA ACADEMY OF DERMATOLOGY 9/15-9/17
Woodstock Inn & Resort
Fourteen The Green
Woodstock, VT 05091**

UPS and FedEx pickups are available for outgoing items if the boxes are repacked and have pre-paid labels affixed to them. Boxes that are not repackaged properly or damaged will not be shipped. Please supply sturdy packing tape for outgoing packages and make sure the onsite representatives have tracking information upon arrival.

Shipping surcharges may apply for incoming and outgoing boxes to the hotel.

Hotel Accommodations

***Please be advised - Registered attendees, members and event faculty have first priority of overnight accommodations at the Woodstock Inn & Resort.**

Exhibitors are strongly encouraged to make overnight accommodations in advance at one of the area hotels listed below. If rooms at the Woodstock Inn become available for exhibitors prior to the cut off deadline of Aug 3rd, **a notice will be sent out by Aug 1st to notify paid exhibitors.**

Thank you for your cooperation.

Hotel Name: **Holiday Inn Express & Suites**

Hotel Address: **121 Ballardvale Drive, White River Junction, VT 05001**

Phone: **1 (802) 299-2700**

Price: **King Room \$165.68 / Two Queen Room \$173.88 per night plus tax.**

Details: **Please book by Aug 1st by calling the phone number above and mentioning Massachusetts Academy of Dermatology to receive the discounted room rate. Reservations will be secured with a credit card at time of booking. Rooms are cancelable up until Monday, July 31st. After Tuesday, Aug 1st no refunds will be given.**

Website: https://www.ihg.com/holidayinnexpress/hotels/us/en/white-river-junction/wrjvt/hoteldetail#scmisc=nav_hoteldetail_ex

Hotel Name: **Hampton Inn**

Hotel Address: **104 Ballardvale Drive, White River Junction, VT 05001**

Phone: **1 (802) 269-2800**

Price: **\$199 Run of the House Room per night plus tax.**

Details: **Please book by Aug 15th by calling the phone number above and mentioning Massachusetts Academy of Dermatology to receive the discounted room rate. Reservations will be secured with a credit card at time of booking. Rooms are cancelable up until Monday, Aug 14th. After Tuesday, Aug 15th no refunds will be given. To avoid a cancellation fee of the first night's room and tax, written notice must be received by Aug 15th.**

Website: <http://hamptoninn3.hilton.com/en/hotels/vermont/hampton-inn-white-river-junction-WRJVTHX/index.html>

Questions

If you have any questions before the meeting, please contact our administrator, Kimberly Prosper at massacadderm@mms.org or Phone: 781-434-7731. If you need assistance during the meeting, please visit the registration table.

Thank you for exhibiting at the 2017 Annual Meeting!

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

_____ will exhibit at the Massachusetts Academy of Dermatology's 2017 Annual Meeting, **Friday, September 15th through Sunday, September 17th, 2017** at Woodstock Inn & Resort, Woodstock, VT. **(Exhibit Fee: \$3,500)**

PLEASE TYPE OR PRINT

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

Firm _____
(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.

Our company understands that there may be shipping surcharges for incoming and outgoing exhibitor materials sent to and from the hotel. Payments may have to be made to the Massachusetts Academy of Dermatology or the Woodstock Inn & Resort post-meeting for this service.

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 Kimberly Prosper at kprosper@mms.org):

Name(s) of Exhibit Representatives:

1. _____ Email: _____

2. _____ Email: _____

Additional exhibitor representatives over two are charged a \$500 registration fee each.

3. _____ Email: _____

4. _____ Email: _____

5. _____ Email: _____

Please fax or mail this completed form by **Monday, July 10th** to:
Kimberly Prosper, CMP, CAE | Administrator | Massachusetts Academy of Dermatology
PO Box 549154, Waltham MA 02454
T: 781-434-7731 F: 781-464-4896 E: kprosper@mms.org

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. Massachusetts Academy of Dermatology		
	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.) 860 Winter Street	Requester's name and address (optional)	
	6 City, state, and ZIP code Waltham, MA 02451		
	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		-	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 on page 3.

Sign Here	Signature of U.S. person ▶ <i>Kimberly Prosser</i>	Date ▶ <i>5/23/17</i>
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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:

- 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
- 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.