



Connecticut Society of Health-System Pharmacists

591 North Avenue, Suite 3-2 Wakefield, MA 01880-1617

888/506-3784 (506-drug) fax: 781/245-6487

office@cshponline.org <http://www.cshponline.org/>

April 4, 2018

TO: To Our Industry Partners
FROM: **David Goffman, PharmD, BCPS, Conference Chair**
RE: 2018 *Connecticut Compounding Conference*

We are pleased to invite you to participate in the **3rd Annual Connecticut Compounding Conference**, being held on Friday, May 11, 2018 at the Radisson in Cromwell, CT. This is a collaborative educational and networking event co-presented by the Connecticut Society of Health-System Pharmacists (CSHP), the Connecticut Pharmacists Association (CPA) and the Connecticut Society of Consultant Pharmacists (CT-ASCP). We anticipate more than 100 pharmacists, decision makers, pharmacy technicians and graduate pharmacy students will attend the conference.

The cost to exhibit is \$1,250 for each table (2 company reps) if reserved by May 1st. After May 1st, the cost increases to \$1,500. Registration for additional company reps is \$150 per person. The details of what is included follow on the next pages including details of the "Lunch and Learn" sponsorship on page 2.

Space is limited and will sell out so we urge you to respond quickly by sending in your completed reservation form asap. We will reserve space for you when the completed paperwork is submitted; payment can follow.

If you have any questions, please contact the CSHP office (see above).

NOTE: CSHP tax ID #061052212

On-line register (secure credit card payment) is available at
<http://www.cshponline.org/catchexhibitoritem.html>

Note: On-line registration closes 5 p.m., May 4th.

ATTACHED

Exhibit details (pp 2-3)

Lunch and Learn Sponsorship (p 2)

Registration form (p 4)

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Click for general attendee registration

<https://www.ctpharmacists.org/i4a/pages/index.cfm?pageid=3874>



Connecticut Compounding Conference

CONFERENCE INFORMATION FOR OUR EXHIBITORS

Friday, May 11, 2018 Radisson, Cromwell, CT

Questions? 888/506-3784 or office@cshponline.org

We offer on-line registration with secure credit card payment:

<http://www.cshponline.org/catchexhibitoritem.html>

DATE and LOCATION

Friday, May 11, 2018: Full Day of Programs, Exhibitors Theatre, at the
Radisson 100 Berlin Road Cromwell, CT 06416

<http://www.radisson.com/cromwellct> 860/635-2000 Fax: 860/635-7768

See page 2 for hotel accommodations

EXHIBIT HALL TIME

Move in begins at 8:00 a.m. Exhibit Hall: 10:30 a.m. - noon

Exhibits continue through lunch: 12:00 - 1:00 p.m.

Exhibitors must check-in at the registration desk prior to set-up. Please be sure to indicate on your registration material if you need electricity.

FEES (CSHP tax ID #061052212)

It's easy to register on-line register (secure credit card payment):

<http://www.cshponline.org/catchexhibitoritem.html>

Note: On-line registration closes 5 p.m., May 4th. Please remit payment before or by May 7, 2018

Availability is limited so please do not delay. Space will be assigned on a first-come, first-serve basis.

We will do our best to avoid placing companies with similar products next to one another unless they request adjacent space. Exhibit space includes standard electricity upon advance request.

\$1,250 for each exhibit space (if reserved after May 1st) which includes a six-foot skirted table, two chairs, and conference registration for two (2) company representatives. Registered company representatives are invited to join us for meals and refreshments, and if they chose, to attend educational programs. **Extra company reps:** \$150 per person Note: Registration closes 5 p.m. May 4th

SPONSORSHIP OPPORTUNITY

Increase your conference visibility by becoming the CCC's "Lunch and Learn" sponsor. For your investment, which is the cost of the luncheon ...

- You will be able to make a 30 minute presentation, including 10 minutes for Q & A, related to IV room technology/USP 797/800 or 503A/B.
Note: Presentation topics must be approved.
- Your company logo will be posted on the CT Compounding Conference page of the CSHP web site with a hotlink to your company web site.
- If you have already registered as an exhibitor, you will receive an additional, complimentary exhibit table, including registration for one additional company rep.

If you are interested in this sponsorship opportunity, contact [David Goffman](#).

CANCELLATION POLICY

Written cancellation requests received by **Friday, May 4, 2018** will receive a 50% refund of the exhibitor registration fee. Cancellations received after this date will receive no refund. Please submit any representative name substitutions by May 4th to ensure proper registration credentials are prepared.

****Exhibitors and sponsors also will be credited on the CSHP and CPA web sites with hotlinks to their web site if their web site URL is provided.**

continued on the next page



2018 Connecticut Compounding Conference
CONFERENCE INFORMATION
FOR OUR EXHIBITORS

ELECTRICITY

Electricity is available upon request. There is no charge for standard outlets which are defined as 110 volt, 15-amp alternating current with a maximum of 1,000 watts. An additional charge will be assessed on all circuits that exceed 110 Volt-15 Amps. If you will need electric or have special electrical needs, be sure to inform the CSHP management no later than May 4th.

OVERNIGHT ACCOMMODATIONS Call 860/635-2000 to make an individual reservation. We do not have a dedicated room block.

PACKAGES AND DELIVERIES

Please schedule delivery for the morning of the Conference, Friday, May 11th, unless you are staying in the hotel on Thursday evening. If you are staying in the hotel, be sure to clearly mark packages with your name/guest. If delivery is directly to the exhibit hall, be sure to clearly mark packages as "CT Compounding Conference" and to the attention of your company's name.

Note: The hotel may charge a fee to receive and store packages received earlier than May 11th.

WIFI

WiFi is complimentary in all meeting spaces and guestrooms.

EXHIBITORS - *Please note the following terms and conditions for exhibiting:*

1. The Exhibitor agrees to be responsible for his/her own property, through insurance or self-insurance.
2. Exhibit space cannot be reassigned, sublet or shared, in whole or part, without the advance approval of the Conference Management.
3. No part of any exhibit, including signage, should be pasted, nailed or otherwise affixed to the walls, doors, etc. in any way that might cause damage. The Exhibitor is responsible for any payments to the facility for damage, losses, expenses and/or costs resulting (including but not limited to attorney's fees).
4. CSHP and CPA, hereafter referred to as the "Society", agrees to indemnify, defend and hold harmless, the exhibitors, its owners and employees and managers from and against any and all damages, losses, costs, expenses and liabilities arising directly or indirectly from or in any way connected to this Agreement, excluding liability caused directly by the negligence of exhibitor or its employees. The exhibiting company agrees to indemnify, defend and hold harmless, the Society, from and against any and all damages, losses, costs, expenses and liabilities arising directly or indirectly from or in any way connected to this Agreement, excluding liability caused directly by the negligence of Society, its representatives, members, guests and managers.
5. This agreement can be terminated if any circumstance beyond the control of either party - such as acts of God, government regulations, national disaster, strikes (except those involving the employees or agents or the party seeking the protection of this clause), civil disorder, curtailment of transportation facilities - make it illegal or impossible to provide or use the Hotel facilities and conduct the meeting. Written notification of termination to the other party must be made as soon as reasonably practical but in no longer than ten (10) days after the cause for cancellation arises.

NOTE: If you would like a Word version of this document, our office would be happy to e-mail one to you. Either make your request by phone (888/506-3784) or e-mail to office@cshponline.org



EXHIBITOR RESERVATION FORM

Connecticut Compounding Conference

Friday, May 11, 2018 Radisson, Cromwell, CT

Submission of this form indicates acceptance of all terms and conditions for exhibiting at CTW that are detailed on pages 2- 3 of this document.

To ensure credit in conference promotions, be sure to mail, fax or email your **reservation** form asap; payment can follow. We also offer secure on-line registration by credit card payment: <http://www.cshponline.org/catchexhibitoritem.html> **Please remit full payment by May 7, 2018.**

TO SECURE YOUR EXHIBIT SPACE, A COMPLETED RESERVATION FORM MUST BE SUBMITTED.

CSHP c/o The Association Advantage 591 North Avenue, Ste. 3-2 Wakefield, MA 01880-1617
888/506-3784 Fax: 781/245-6487 office@cshponline.org www.cshponline.org

Contact Person: _____ Title: _____

Company: _____

Mailing Address: _____ City/State/Zip: _____

E-mail: _____ Web URL _____

Telephone: (_____) _____ Fax: (_____) _____

Check if you need electricity (standard service; 5/4 order deadline): YES NO

What is your company's area of medical specialty? _____

Briefly describe the products or services you will exhibit: _____

EXHIBIT THEATRE STAFF: The registration fee for each table entitles your company to 2 staff members and includes refreshments and lunch. On the "Name" lines, please fill in the full names of your representatives including any special credentials (ex. PharmD). Badge name is a preferred first name/nickname. Write "see above" if one of your staff is the contact person. If you are reserving a second table, please email staff contact information to CSHP.

(1) Name: _____ (2) Name: _____

Badge Name: _____ Badge Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Telephone: _____ Telephone: _____

E-Mail: _____ E-Mail: _____

For your security, **do not e-mail credit card information.** Mail, call in or fax to our office, or register on the CSHP web site.

WE WISH TO RESERVE 2018 CCC EXHIBIT HALL SPACE	
Cost per table: \$1,250.00 by May 1 st	\$1,500.00 after May 1 st
Additional company reps at \$150 pp: _____	TOTAL \$ _____
Names/Email of additional company reps: _____	
<i>We have reviewed the terms and conditions for exhibiting, and agree to comply with these terms and conditions.</i>	
Signature: _____	Company Web URL _____
Payments to CSHP (tax ID#061052212) are not deductible as charitable donations for Federal income tax purposes but may be deductible as business expenses. Please speak with your tax advisor.	
Method of payment: <input type="checkbox"/> CHECK <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	
Account # _____	Expiration _____
Billing Address _____	City _____ State _____ Zip _____
Name exactly as printed on card: _____	



Connecticut Compounding Conference
Friday, May 11, 2018
Radisson, Cromwell, CT

Conference Schedule

7:30 - 8:00 a.m. Registration and Continental Breakfast
8:00 a.m. Exhibitor load in begins
8:15 a.m. Welcome/Opening Remarks in Crowne Room
8:30 - 10:30 a.m. <u>Presentation</u>
11:00 a.m. - noon <u>Presentation</u>
10:30 a.m. - noon Exhibit Hall in Gardens
12:00 - 1:00 p.m. <u>Buffet Lunch</u> in lower Mezzanine Exhibits remain open
1:00 p.m. Exhibitor move out begins
1:00 - 2:30 p.m. <u>Presentation</u>
2:30 - 2:45 p.m. Coffee and Stretch Break
2:45 - 3:45 p.m. <u>Presentation</u>
3:45 p.m. adjourn

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 Society of Health-System Pharmacists 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 type="checkbox"/> Other (see instructions) ▶ _____		<input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate 501(c)(6)
	5 Address (number, street, and apt. or suite no.) 591 North Avenue, Ste. 3-2		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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	6 City, state, and ZIP code Wakefield, MA 01880-1617		
	7 List account number(s) here (optional)		
	Requester's name and address (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.

Social security number										
or										
Employer identification number										
0	6		-	1	0	5	2	2	1	2

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.

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 ▶ <i>Sherril L. Oken, CAE</i>	Date ▶	April 1, 2018
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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/w9.

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.