



## 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](mailto:office@cshponline.org) <http://www.cshponline.org/>

---

May 10, 2018

TO: To Our Industry Partners  
FROM: Tamara Malm, PharmD, MPH, BCPS - 2018 *Catch the Wave* Chair  
RE: 2018 *Catch the Wave* Conference

Join CSHP on our



We are pleased to invite you to participate in the 29th Annual *Catch the Wave* (CTW) Conference being held on Friday, November 2, 2018 at the Radisson in Cromwell, CT. CTW is the premier educational and networking event for Connecticut health-system pharmacists. The Greg Gousse Residency Conference, now a fully integrated part of *Catch the Wave*, will be presented simultaneously. Historically more than 100 pharmacists, pharmacy technicians and graduate pharmacy students have attended the conference. Last year, our attendance was over 160!

During the conference, we provide three blocks of dedicated exhibit hall time. We again will have a contest to encourage attendees to visit your exhibits with drawings for professional prizes provided by ASHP and a very attractive drawing, grand prize. And, yes, **the Reverse Expo returns this year!** We are taking our industry partners' suggestions into consideration as we plan the most enjoyable and beneficial format for all who participate.

The cost to exhibit is \$1,250 for one table. The cost for an exhibit and Reverse Expo package is \$1,750. Add \$850 if you would like a 2nd exhibit table which includes registration for 1 additional company representative in the exhibit hall. The details of what is included follow on the next pages.

Space is limited and sells out, so we urge you to respond quickly by sending in your completed reservation form as soon as possible; payment can follow. We will confirm your space reservation when a completed reservation form is submitted. Please note: If additional people from your company would like to attend the conference, please advise them to register as conference attendees and to use the online attendee reservation form.

Please look over the attached material to see how you can "catch" the "CSHP Wave". If you have any questions, please contact the CSHP office. With your support, CSHP will present a very successful, 29th annual *Catch the Wave* conference.

**NOTE: CSHP tax ID #061052212**

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

Exhibit details (pp 2-3)

Registration form (p 4)

Preliminary agenda (p 5)

W-9 (p 6)

**NOTE: This entire document, also is available on the CSHP web site:**

<http://www.cshponline.org/continuingeducation/ctwexhibitorsponsors.html>



## CSHP 29<sup>th</sup> Annual Catch the Wave Conference

### CONFERENCE INFORMATION FOR OUR EXHIBITORS AND SPONSORS

Friday, November 2, 2018 Radisson, Cromwell, CT

Questions? 888/506-3784 or [office@cshponline.org](mailto:office@cshponline.org)

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

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

#### DATES and LOCATION

Friday, November 2, 2018: Full Day of Programs, Exhibitors' Theatre, Awards Luncheon, Reverse Expo 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

7 - 7:45 a.m. 10:15 - 11:00 a.m. 12:00 - 1:00 p.m. (continues through lunch)

Move in begins at 6:15 a.m. **Exhibitors must check-in at the exhibitor registration desk prior to set-up to receive booth location and badges.** Please be sure to indicate on your registration material if you need electricity and/or have preferences as to which exhibiting companies you would like to be away from or near.

#### FEES (CSHP tax ID #061052212)

To ensure credit in the mailed registration brochure, be sure to mail, fax or email your **reservation form** no later than **July 27<sup>th</sup>\*\***. **It's easy to register** on-line register as of 4/ /2018 (secure credit card payment): <http://www.cshponline.org/catchexhibitoritem.html>

**Please remit payment before or by October 1, 2018.** Note: If payment is not received by that date, your table space may be given to an exhibitor on our wait list.

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 if requested in advance.

1. \$1,250 Exhibit Hall - Each exhibiting company is allotted one, 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.
2. \$1,750 Exhibit and Reverse Expo Package - The Reverse Expo includes registration for one (1) company representative of your choice.
3. \$ 850 - An additional Exhibit Hall table includes registration for a third company representative.

#### CANCELLATION POLICY

Written cancellation requests received by **Friday, October 15, 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 before October 26<sup>th</sup> to ensure proper registration credentials are prepared.

#### OTHER OPPORTUNITIES

We offer a variety of opportunities for greater visibility beyond exhibiting. Please contact the CSHP office at 888/506-3784 or [office@cshponline.org](mailto:office@cshponline.org)

For educational grant information, please contact the conference chair, Tamara Malm, PharmD, MPH, BCPS [tmalm@usj.edu](mailto:tmalm@usj.edu)

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

*continued on the next page*



2018 CSHP Catch the Wave  
**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 Nov. 3<sup>rd</sup>.

**OVERNIGHT ACCOMMODATIONS** A limited block of overnight accommodations are available at the conference rate of \$119, single or double. This rate applies to Thursday, 11/1/18 and Friday, 11/2/18. Deadline to Reserve: No later than October 1<sup>st</sup> after which published rates will prevail. Call 860/635-2000 and mention you are attending CSHP's *Catch the Wave* Conference.

### **PACKAGES AND DELIVERIES**

Please schedule delivery for the morning of the Conference, Friday, November 2<sup>nd</sup> 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 "CSHP Catch the Wave 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 November 2<sup>nd</sup>.

### **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. 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.



**EXHIBITOR RESERVATION FORM**

The Connecticut Society of Health-System Pharmacists  
**27th Annual Catch the Wave Conference and Annual Meeting**  
**Friday, November 2, 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 the mailed registration brochure, be sure to mail, fax or email your **reservation** form no later than **July 27<sup>th</sup>**; payment can follow. We offer secure on-line registration by credit card payment: <http://www.cshponline.org/catchexhibitoritem.html> **Please remit full payment by October 1, 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](mailto:office@cshponline.org) [www.cshponline.org](http://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; 10/26 order deadline):  YES  NO

Companies you would like to be away from or near: \_\_\_\_\_

What is your company's specialty? \_\_\_\_\_ Briefly describe the products or services you will exhibit: \_\_\_\_\_

**EXHIBIT THEATRE STAFF:** The registration fee for one 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 purchase a second table, a 3<sup>rd</sup> company rep may participate.

(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 or fax to our office, or register on our web site.

<u>WE WISH TO RESERVE:</u>	<u>PRICE</u>	<u>TOTAL</u>
<input type="checkbox"/> A. Exhibitor Hall Space	\$1,250.00 (one table)	\$ _____
<input type="checkbox"/> B. Exhibit Hall & Reverse Expo Package	\$1,750.00 (one table)	\$ _____
Name & email of Reverse Expo rep. (1) _____		
<input type="checkbox"/> C. Second Table	\$ 850.00	\$ _____
Name & email 3rd rep. _____		<b>TOTAL \$ _____</b>

*We have reviewed the terms and conditions for exhibiting, and agree to comply with these terms and conditions.*

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:  CHECK  MC  VISA  AMEX

Account # \_\_\_\_\_ Expiration \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name exactly as printed on card: \_\_\_\_\_



**Catch the Wave Conference and Annual Meeting**  
**Friday, November 2, 2018**  
**Radisson, Cromwell, CT**

**2018 Catch the Wave Agenda**

*CTW = Catch the Wave General Sessions    GG = Greg Gousse Residency Conference Program*

6:15 a.m. Exhibitor registration and load in (ballroom) begins
6:45 a.m. Attendee Registration in Assembly West begins
7:00 a.m. Exhibit Hall in main ballroom opens
7:00 a.m. Breakfast in Exhibit Hall (main ballroom)
7:45 a.m. Welcome/Opening Remarks in main lecture hall for all registrants
8:00 a.m. - 10:45 a.m. Exhibitor load in continues (main ballroom)
8:00 - 9:15 a.m. CTW Keynote Presentation in main lecture hall for all registrants
9:15 - 10:15 a.m. CTW presentation in main lecture hall & parallel session for GG
10:15 - 11:00 a.m. Exhibits & coffee break in exhibit hall (main ballroom)
11:00 a.m. - 12:00 p.m. CTW presentation in main lecture hall & parallel session for GG
12:00 - 12:45 p.m. Exhibit Hall in main ballroom (may continue through lunch & presentations)
12:45 - 1:45 p.m. Buffet lunch in main ballroom with 2019 Board induction & presentation of 2018 awards
1:45 - 2:30 p.m. Exhibitors move out
1:45 - 2:45 p.m. CTW Presentation in main lecture hall & parallel session for GG
2:45 - 3:45 p.m. CTW presentation in main lecture hall & parallel session for GG
3:45 - 4:15 p.m. Networking break in Assembly West: Dessert & drawing for contest award winners
4:15 - 4:45 p.m. Reverse Expo Reception for invited, pre-registered participants (Garden Room)
4:45 - 6:30 p.m. Reverse Expo activity

# Request for Taxpayer Identification Number and Certification

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

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

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.** CSAP

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.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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.

Other (see instructions) ▶ **501C6**

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) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**591 North Avenue Ste. 3-2**

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 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.

**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. Also see *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:

- 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 ▶ *Sherril L. Olson, CAE*

Date ▶ *April 1, 2018*

**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).

**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, later.*