



## Connecticut Society of Health-System Pharmacists

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

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

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February 14, 2017

TO: Our Industry Partners  
FROM: Ginger Rouse PharmD, BCPS - 2017 *Catch the Wave* Chair  
RE: 2017 *Catch the Wave* Conference

We are pleased to invite you to participate in the 28th Annual *Catch the Wave* (CTW) Conference being held on Friday, November 3<sup>rd</sup>, 2017 at the Radisson in Cromwell, CT. CTW is the premier educational and networking event for Connecticut health-system pharmacists. The GG Residency Conference is a fully integrated part of *Catch the Wave*. Historically more than 100 pharmacists, pharmacy technicians and pharmacy students have attended the conference.

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. This year, in addition to the drawing for professional prizes provided by ASHP, we'll offer a very attractive grand prize drawing.

The cost to exhibit is \$1,250 for one table (registration for 2 company representatives); add \$850 for a 2nd table (includes registration for 1 additional company representative). Space is limited and sells out so we urge you to respond quickly by sending in your completed reservation form asap; 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 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, 28th annual *Catch the Wave* conference.

**NOTE: CSHP tax ID #061052212**

February 16, 2017 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 (draft)**

**W-9 (p 6)**

*Please Note:* The display is outside the educational presentation areas, and the exhibit fee is for your display and staffed by official company exhibit representatives only.



## CSHP 28<sup>th</sup> Annual Catch the Wave Conference

### CONFERENCE INFORMATION FOR OUR EXHIBITORS AND SPONSORS

Friday, November 3, 2017 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 3<sup>rd</sup>, 2017: Full Day of Programs, Exhibitors' Theatre, Awards Luncheon 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

#### DEDICATED EXHIBIT HALL TIMES

7 - 7:50 a.m. 10:15 - 11:15 a.m. 12:15 - 1:00 p.m. (can continue through lunch)

Move in begins at 6:15 a.m. **Exhibitors must check-in at the CSHP 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 29<sup>th</sup>\*\***. **It's easy to register** on-line register as of 2/17/17 (secure credit card payment): <http://www.cshponline.org/catchexhibitoritem.html>

**Please remit payment before or by September 18, 2017.**

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. \$1,250 Exhibitor 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. \$ 850 - An additional Exhibit Hall table includes registration for a third company representative.

*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 attendee reservation form.*

#### CANCELLATION POLICY

Written cancellation requests received by **Friday, October 6, 2017** 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 October 27<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, Ginger Rouse, PharmD, BCPS <mailto:Ginger.Rouse@ynhh.org>

**\*\*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*



2017 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 **October 27<sup>th</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, 11/2/17 and Friday, 11/3/17.

**Deadline to Reserve: October 2<sup>nd</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 3<sup>rd</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 3<sup>rd</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.

**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](mailto:office@cshponline.org)

*If others from your company would like to attend the conference, please advise them to use the attendee reservation form.*



**EXHIBITOR RESERVATION FORM**

The Connecticut Society of Health-System Pharmacists  
**28th Annual Catch the Wave Conference and Annual Meeting**  
**Friday, November 3, 2017 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 29<sup>th</sup>**; payment can follow. As of 2/17/17, we offer secure on-line registration by credit card payment: <http://www.cshponline.org/catchexhibitoritem.html> **Please remit full payment by 9/18/17.**

**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; 10/27 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. Second Table	\$ 850.00	\$ _____
Name & email 3rd rep. _____		<b>TOTAL \$</b> _____
<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: _____		



Catch the Wave Conference and Annual Meeting  
 Friday, November 3, 2017  
 Radisson, Cromwell, CT

Draft: 2017 Catch the Wave Agenda

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

<b>6:15 a.m. Exhibitor load in (main ballroom) begins</b>
6:45 a.m. Attendee registration in pre-function area begins
<b>7:00 a.m. Exhibit Hall in main ballroom opens; breakfast</b>
7:50 a.m. Welcome/Opening Remarks in main lecture hall - all registrants
<b>8:00 a.m. – 10:45 a.m. Exhibitor load in continues</b>
8:00 – 9:00 a.m. Presentation in main lecture for all registrants
9:00 – 10:00 a.m. Presentations in main lecture hall and parallel session room for GG Conference attendees
<b>10:00 - 11:00 a.m. Exhibit Hall and coffee break in main ballroom</b>
11:00 a.m. - 12:00 p.m. Presentation in main lecture hall for all registrants
<b>12:00 – 1:00 p.m. Exhibit Hall in ballroom (continues through lunch &amp; presentations)</b>
12:30 - 1:45 p.m. Buffet lunch in ballroom
<b>1:00 - 1:45 p.m. 2018 Board induction and award presentations</b>
<b>1:45 – 2:30 p.m. Exhibitors move out</b>
1:45 – 2:45 p.m. Presentations in main lecture hall and parallel session room for GG Conference attendees
2:45 – 3:45 p.m. Presentations in main lecture hall and parallel session room for GG Conference attendees
3:45 – 4:15 p.m. Dessert & drawing for stamp pad contest award winners & for exhibit hall participation grand prize

revised 2/14/17

# 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. <b>Connecticut Society of Health-System Pharmacists Inc.</b>	
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) ▶ <b>501(c)(6)</b>	
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>	
5 Address (number, street, and apt. or suite no.) <b>591 North Avenue, Ste. 3-2</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Wakefield, MA 01880-1617</b>	
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.

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:

- 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 ▶ *Sherril L. Okon, CAE*

Date ▶ **2/14/2017**

## 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/ir9](http://www.irs.gov/ir9).

### 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.