TO: To Our Industry Partners  
FROM: Teresa Papstein, RPh, BCNSP - 2019 Catch the Wave Chairperson  
RE: Exhibiting at the 2019 Catch the Wave Conference

We are pleased to invite you to participate in the 30th Annual Catch the Wave (CTW) Conference being held on Friday, November 1, 2019 at the Red Lion Hotel in Cromwell, CT. CTW is the premier educational (offering 5 continuing education credits) and networking event for Connecticut health-system pharmacists. The Greg Gousse Residency Conference, a fully integrated part of Catch the Wave, will be presented simultaneously. The conference attracts pharmacists, pharmacy technicians and graduate pharmacy students, and last year, our attendance was over 160!

During the conference, we provide three blocks of dedicated exhibit hall time. The exhibit hall is open to multiple vendors/sponsors and is held in a separate ballroom adjacent to the lecture hall. During the exhibit hall, we will have a scavenger hunt (a new contest; see page 5) to encourage attendees to visit and really look at your exhibit. Participants are entered in a drawing for professional prizes provided by ASHP as well as a drawing for very special grand prizes. And, yes, we will have Reverse Expo this year!

The cost to exhibit, including registration for 2 company representatives, is $1,250 for one table ($1,500 after October 1st). The cost for an exhibit and Reverse Expo package is $1,750 ($2,000 after October 1st). You may name a different (1) company representative to attend the Reverse Expo. Add $850 if you would like an additional exhibit table which includes registration for 1 additional company representative in the exhibit hall. All the details follow on the next pages.

Space is limited and sells out, especially the Reverse Expo (limited to 15 companies - 1 rep each), 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 we receive a completed reservation form. Please note: If additional people from your company would like to attend the conference, they may register as non-exhibitor, conference attendees. See page 6 for a details and a special reservation form or advise them to register online as an Associate attendee.

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 you support, CSHP will present a very successful, 30th annual Catch the Wave conference.

NOTE: CSHP tax ID #061052212
On-line register (secure credit card payment) is available at http://cshp.wildapricot.org/event-3377697

Exhibit details (pp 2-3)
Registration form (p 4)
Preliminary agenda and scavenger hunt details (p 5)
Non-exhibitor, conference attendee registration form (p 6)
W-9 (p 7)

NOTE: This entire document, also is available on the CSHP web site
CSHP 30th Annual Catch the Wave Conference

**CONFFERENCE INFORMATION FOR OUR EXHIBITORS AND SPONSORS**

Friday, November 1, 2019  Red Lion Hotel, Cromwell, CT

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

We offer on-line registration with secure credit card payment:  
http://cshp.wildapricot.org/event-3377697

**DATES and LOCATION**

Friday, November 1, 2019: Full Day of CE Programs, Exhibits, Posters, Awards Luncheon, Reverse Expo at the Red Lion Hotel  100 Berlin Road  Cromwell, CT 06416  

See page 3 for hotel accommodations

**EXHIBIT HALL**

7 - 7:50 a.m.  10:00 - 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 official name badges. Student volunteers will be available to help you.

Please be sure to indicate on your registration material if you need electricity and if you 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 26th.** For your own security, do not email credit card information. It’s easy to register on-line using our secure credit card payment system or by indicating payment will follow by check.

http://cshp.wildapricot.org/event-3377697

Please reserve no later than October 1, 2019 for the early bird rate.

Note: If payment isn’t received by October 25th, your table space may be given to an exhibitor on our wait list so please be sure to stay in touch with us about the progress of your payment.

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

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 ($1,500 after 10/1/19) - Each exhibiting company is allotted one, six-foot skirted table with two chairs, and conference registration for two (2) company representatives. Registered company representatives are invited to join us for meals & refreshments, & if they chose, to sit in on educational programs but does not include CE credit.

2. Add $500 to your exhibit registration to create an Exhibit and Reverse Expo Package ($1,750 or $2,000 after 10/1/19). This includes registration for one (1) company representative of your choice at the Reverse Expo.

3. Add $850 (after 10/1, call for availability) for an additional Exhibit table which includes registration for a third company representative.

**CANCELLATION POLICY**

Written cancellation requests received by Friday, October 18, 2019 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 25th 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

For educational grant information, please contact the conference chair, Teresa Papstein, RPh, BCNSP  
Teresa.papstein@bpthosp.org

**Exhibitors and sponsors will be credited on the CSHP website with hotlinks to their web site if their website URL is provided when registering.  continued on the next page**

Continued on the next page...
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 Oct. 25th.

OVERNIGHT ACCOMMODATIONS
A limited block of overnight accommodations are available at the conference rate of $119, single or double. This rate applies to Thursday, 10/31/19 and Friday, 11/1/19. Deadline to Reserve: No later than October 1st after which published rates will prevail. Call 860/635-2000 and mention you are attending CSHP's Nov. 1st Catch the Wave Conference.

PACKAGES AND DELIVERIES
Please schedule delivery for the morning of the Conference, Friday, November 1st 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 1st.

WIFI
Public WiFi is complimentary in all meeting spaces and guestrooms.

EXHIBITORS - Please note the following terms and conditions for exhibiting:
Note: Submission of an exhibit registration form (paper or online) indicates acceptance of the following terms and conditions for exhibiting at CTW.

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
30th Annual Catch the Wave Conference & Annual Meeting
Friday, November 1, 2019
Red Lion Hotel, Cromwell, CT

Note: Submission of an exhibit registration form (paper or online) indicates acceptance of all terms and conditions for exhibiting at CTW, 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 26th; payment can follow. We offer secure on-line registration by credit card payment: www.cshp.wildapricot.org. To receive early bird pricing, please reserve by October 1, 2019.

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.cshp.wildapricot.org

Contact Person: ___________________________ Title: ___________________________

Company: ________________________________________________________________

Mailing Address:_________________________ City/State/Zip:_____________________

E-mail:_________________________ Web URL:______________________________

Telephone:_________________________ Fax:______________________________

Check if you need electricity (standard service; 10/25 order deadline): ☐ YES ☐ NO

Companies you would like to be away from or near: __________________________

What is your company's medical specialty area? ______________________________

Briefly describe the products/services you will exhibit: ____________________________

Scavenger Hunt Item (see p5) __________________________

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 (e.g. 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 3rd 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.

WE WISH TO RESERVE: PRICE
☐ A. Exhibitor Hall Space $1,250.00 (one table) after 10/1, add $250 $ __________
☐ B. Exhibit Hall and $1,750.00 (one table) after 10/1, add $250 $ __________

Reverse Expo Package
Name & email of Reverse Expo rep. (1) ___________________________

☐ C. Second Exhibit Table $ 850.00 $ __________

Name & email 3rd rep. ___________________________

TOTAL $ __________

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 ☐ DISCOVER

Account # ___________________________ Expiration ___________ CVV ___________

Billing Address ___________________________ City ___________________________ State Zip ___________________________

Name exactly as printed on card: ___________________________
SCAVENGER HUNT - New!
We will have a new contest this year to encourage our attendees to not only visit, but really look at your exhibit. Each exhibiting company will be asked to name something very specific on their exhibit that attendees should notice. Attendees will be asked to locate those items throughout the exhibit hall. At the 3:30 dessert break (you are invited), we’ll have a drawing for prizes, both professional prizes provided by ASHP and some cool, tech grand prizes.

2019 Catch the Wave Agenda
The detailed conference schedule will be posted on [www.cs hp.wildapricot.org](http://www.cs hp.wildapricot.org)

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:15 a.m.</td>
<td>Exhibitor registration and load in (ballroom) begins</td>
</tr>
<tr>
<td>6:45 a.m.</td>
<td>Attendee Registration in Assembly West begins</td>
</tr>
<tr>
<td>7:00 a.m.</td>
<td>Exhibit Hall in main ballroom opens</td>
</tr>
<tr>
<td></td>
<td>Breakfast in Exhibit Hall (main ballroom)</td>
</tr>
<tr>
<td>7:50 a.m.</td>
<td>Welcome/Opening Remarks in main lecture hall for all registrants</td>
</tr>
<tr>
<td>8:00 - 9:00 a.m.</td>
<td>Presentation in main lecture hall for all registrants</td>
</tr>
<tr>
<td>8:00 a.m. - 9:45 a.m.</td>
<td>Exhibitor load in continues (main ballroom)</td>
</tr>
<tr>
<td>9:00 - 10:00 a.m.</td>
<td>CTW presentation in main lecture hall &amp; parallel session for GG</td>
</tr>
<tr>
<td>10:00 - 11:00 a.m.</td>
<td>Exhibits &amp; coffee break in exhibit hall (main ballroom)</td>
</tr>
<tr>
<td></td>
<td>Residency Program Directors Meeting</td>
</tr>
<tr>
<td>11:00 a.m. - 12:00 p.m.</td>
<td>CTW Keynote presentation in main lecture hall &amp; parallel session for GG</td>
</tr>
<tr>
<td>12:00 - 1:30 p.m.</td>
<td>Exhibit Hall in main ballroom (continues through lunch &amp; presentations)</td>
</tr>
<tr>
<td>1:45 - 2:30 p.m.</td>
<td>Exhibitors move out</td>
</tr>
<tr>
<td>1:30 - 2:30 p.m.</td>
<td>CTW Presentation in main lecture hall &amp; parallel session for GG</td>
</tr>
<tr>
<td>2:30 - 3:30 p.m.</td>
<td>CTW panel presentation in main lecture hall &amp; parallel session for GG</td>
</tr>
<tr>
<td>3:30 - 4:00 p.m.</td>
<td>Networking break in Assembly West: Dessert &amp; drawing for contest award winners</td>
</tr>
<tr>
<td>4:15 - 4:45 p.m.</td>
<td>Reverse Expo Reception for invited, pre-registered participants (Garden Room)</td>
</tr>
<tr>
<td>4:45 - 6:30 p.m.</td>
<td>Reverse Expo activity</td>
</tr>
</tbody>
</table>
NOTE: Take advantage of Early Bird conference registration rates through 10/11/19.
Add $50 to conference registration received after October 11th

Provide full name, including credentials (RPH, PharmD, RN, MPH, MBA PhD), & your preferred first name.

Full name / credentials__________________________________________ Nickname/preferred first name_________________________________________

Area code/phone__________/______________________________________ E-mail__________________________________________________________

If you would like to earn CE credit: NABP #______________________ month/day of birth __________/________

Employer__________________________________________________________ job title_______________________________________________________

Mailing address____________________________________________________ city____________________________ state____ zip____________________

Registration fees (Add $50 if registering after October 1st)
Note: Breakfast, breaks, proceedings, presentations, exhibit hall, luncheon is included with full conference registration. Membership dues are extra as indicated.

Please check the correct category.

☐ Member - no CE credit needed $75

☐ Member - CE credit needed $150

☐ Nonmember - no CE credit needed $125

☐ Add $125 to include associate membership for a total of $250

☐ Nonmember - CE credit needed $250

☐ Add $125 to include associate membership for a total of $375

Total cost $________________________

Payment options
1. Mail a completed form with credit card information or a check payable to CSHP to CSHP c/o The Association Advantage 591 North Avenue Ste. 3-2 Wakefield, MA 01880
2. Register 24/7 at www.cshp.wildapricot.org (available in May)
3. Fax this form to 781/245-6587

Select one ____________ MC _______ VISA _______ AMEX _______ Discover

#____________________ expiration______________________ CVV_________

If different from above
Name exactly as on card______________________________________________

Billing address______________________________________________________ city____________________________ state____ zip____________________

Phone # of card holder______________________________________________

Email of person to receive receipt________________________________________

For your security, do not email credit card information. Use our secure online payment system.
Request for Taxpayer Identification Number and Certification

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

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

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. (CSHP)

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
   - 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.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 8).
   - 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
   Wakefield, MA 01880-1617

6. City, state, and ZIP code

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.

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 for Part II, later.

Sign Here
Signature of U.S. person

Date
March 1, 2019

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-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.