



MASSACHUSETTS ACADEMY OF DERMATOLOGY

4 Lan Drive, Suite 310, Westford, MA 01886

Phone: 978-577-5408 | **Fax:** 978-577-1117

Email: info@massacademyofdermatology.org

Web: www.massacademyofdermatology.org

Dear Exhibitors,

The Massachusetts Academy of Dermatology would like to invite you to exhibit virtually at our **2020 Annual Meeting**, to be held on Saturday, October 3, 2020 as a virtual event.

The Massachusetts Academy of Dermatology's Annual Meeting brings together over 100 dermatologists for clinical education, a dermpath symposium, and resident/fellow presentations.

Limited **Product Theater** opportunities are available for a **sponsorship fee of \$4,500**. Virtual exhibits are available at the **Platinum level for \$3,000** and the **Gold level for \$1,500**.

All Virtual Exhibitors will receive acknowledgement on our website, email blasts, and all meeting materials, a list of attendees, and more. To learn more about the virtual exhibit levels and benefits, please visit our event page at www.massacademyofdermatology.org/event/VirtualAnnualMeeting2020

If you plan to become a virtual sponsor, please register at www.massacademyofdermatology.org by **August 21, 2020**. You may choose to pay by credit card or check and print out an invoice directly from the online registration system.

Checks should be made payable to "MA Academy of Dermatology" and sent to 4 Lan Drive, Suite 310, Westford, MA 01886. Our federal Tax ID # is 04-2551359 and our W9 is enclosed.

Space is limited, so be sure to register early! Thank you in advance for your support.

If you have any questions about the meeting, please contact our office at 978-577-5408 or info@massacademyofdermatology.org.

Sincerely,

Ira Skolnik, MD, PhD
President, Massachusetts Academy of Dermatology



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2020 Virtual Annual Meeting – 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.
- The Product Theatre presentations will be scheduled after the conclusion of the main meeting. The 90-second Remarks will be scheduled within the draft agenda included in this packet.
- Exhibitors are welcome to attend the educational sessions.
- Please register for your virtual exhibit online at <https://www.massacademyofdermatology.org/event/VirtualAnnualMeeting2020> as soon as possible to hold your space. The deadline to register is **August 21, 2020**. Space is limited, so be sure to register early!
- Each sponsoring company is allowed one representative to attend the virtual event.
- Presenter instructions and additional logistics information will be sent to all virtual exhibitors in September 2020.

Additional Questions

If you have any additional questions, please contact our Executive Director, Andrew Cronin Finn, MSc, MBA, CAE at info@massacademyofdermatology.org or 978-577-5408.



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2020 Virtual Annual Meeting – Draft Agenda

Saturday, October 3, 2020

8:00 AM	8:15 AM	Welcome & Annual Business Meeting
8:15 AM	9:15 AM	Educational Sessions
9:15 AM	9:30 AM	Break
9:30 AM	10:30 AM	Educational Sessions
10:30 AM	10:45 AM	Break
10:45 AM	11:05 AM	Resident Presentations
11:05 AM	11:45 AM	Educational Sessions
11:45 AM	12:00 PM	Break
12:00 PM	12:30 PM	Dermatopathology Symposium
12:30 PM		Adjournment
~1:00 PM		Virtual Product Theaters

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.

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>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</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>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.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ 501(c)6</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 4 Lan Drive Suite 310</p> <p>6 City, state, and ZIP code Westford, MA 01886</p>	<p>7 List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>

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.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶	7/1/2020
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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.