

# Exhibitor Prospectus

*Yale Connecticut Course Mandates CME Symposium*

*Saturday, April 20, 2024*

January 18, 2024

Dear Company Representative:

I am writing to inform you of our upcoming Yale CME activity, "**Yale Connecticut Course Mandates CME Symposium**", to be held on Saturday, April 20, 2024, at Anthony's Ocean View located at 450 Lighthouse Road in New Haven, CT. Yale CME is the accredited provider and has designated this activity for *7.0 AMA PRA Category 1 Credits™* for those attending.

Provisions of the Connecticut General Statutes require that physicians applying for license renewal in the state of Connecticut must participate in at least 1 hour of accredited CME in infectious diseases (including but not limited to HIV/AIDS); risk management (including controlled substances and pain management); sexual assault; domestic violence; cultural competence; and behavioral health, including newly required as of January 1, 2016, the topic of mental health conditions common to veterans and family members of veterans. As a CME provider for physicians in the state of Connecticut it is important for Yale CME to provide opportunities that meet the state-required topics. Therefore, along with the Connecticut-Local Partner of the New England AIDS Education and Training Center, Yale CME has developed this full-day course that will not only meet the state mandated course requirements to be relicensed but will also provide valuable information for physicians and other health care providers in the state.

We anticipate approximately 100 attendees.

On behalf of the Yale School of Medicine and our Course Director, Dante Gennaro, I am writing to invite you to be an exhibitor at this event. The fee is \$2,500. The exhibit space includes a 6-foot dressed table, which will be located outside of the educational meeting space. Other companies have been afforded the opportunity to exhibit at the same price and space accommodations.

The Yale School of Medicine is a not-for-profit organization, and our Tax ID number is 06-0646973. Checks should be made payable to *Yale University* and mailed to Yale CME, c/o Anne Lallier Stark, 367 Cedar Street, ESH Building A – 2nd floor, New Haven, CT 06510-3240. Checks must be received by Yale CME prior to the activity.

Best regards,



Anne Lallier Stark  
CME Program Manager  
Anne.lallier@yale.edu

# Agenda

*(Titles & Speakers TBA)*

## **Saturday, April 20, 2024**

- |          |                                                                |
|----------|----------------------------------------------------------------|
| 6:30 AM  | Check-in / Onsite Registration and Breakfast                   |
| 6:50 AM  | Welcome and Introductions                                      |
| 7:00 AM  | Infectious Diseases                                            |
| 8:00 AM  | Risk Management                                                |
| 9:00 AM  | Behavioral Health: Substance Abuse                             |
| 10:00 AM | Refreshment Break                                              |
| 10:15 AM | Behavioral Health: Mental Health Conditions Common to Veterans |
| 11:15 AM | Domestic Violence                                              |
| 12:15 PM | Working Lunch                                                  |
| 12:30 PM | Domestic Violence                                              |
| 1:30 PM  | Sexual Assault                                                 |
| 2:30 PM  | Refreshment Break                                              |
| 2:45 PM  | Cultural Competency                                            |
| 3:45 PM  | Closing Remarks & Adjourn                                      |

## EXHIBIT DETAILS

### What is included with the fee?

- 1x 6-foot Dressed table.
- 2x Exhibitor Reps per table.
- Additional Reps must register at the Allied Health Registration Rate.
- Access to all Catered Meals and Refreshments.

### ***Please Note:***

- Payment via credit card is preferred. For check payment, we prefer FedEx or UPS mail. This guarantees we receive payment in a timely manner.
- Please follow the instructions on the registration process provided by the program coordinator.
- While not required, registered exhibitor reps may attend the educational presentations.
- All equipment needed for exhibit display must be provided by the company. Access to outlets cannot be guaranteed.
- Setup up time is generally 30 minutes prior to start of breakfast and registration but should be confirmed with the program coordinator. Please note arrival prior to setup start times is not permissible.

## Yale CME Policy on Commercial Exhibitors

*Yale CME has adopted a policy on conduct of commercial exhibitors at live/virtual CME activities that adheres to the guidelines of the ACCME and the Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Healthcare Professionals.*

The PhRMA Code on Interactions with Healthcare Professionals, revised in August 2021, reaffirms that all interactions between company representatives and healthcare professionals “should be focused on informing the healthcare professionals about products, providing scientific and educational information, and supporting medical research and education.”

Specific to commercial exhibitors at live/virtual CME activities:

- Yale CME will collect an “exhibit fee” from a company wishing to set up a display table/virtual room at the live activity. This fee is in addition to any funds that were given in the form of an educational grant and **must be received prior to the activity**.
- The exhibit area may not be in the obligatory pathway of physicians coming to and from the educational activity. It will be kept separate from the education portion of the event.
- Displays must be educational in nature. Consistent with the changes adopted in August 2021, any non-educational items (such as pens, mugs and other “reminder” objects typically adorned with a company or product logo) are specifically prohibited.
- Refunds are not permitted in the event that your company has to cancel their display

**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.  
Yale University

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) ▶ \_\_\_\_\_

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.  
367 Cedar Street, ESH Building A-2nd floor

6 City, state, and ZIP code  
New Haven, CT 06510

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.

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

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or

Employer identification number

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**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 ▶ [Signature] Date ▶ 01/02/2024

**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.



08/09/2022

YALE UNIVERSITY

Please accept this letter as confirmation that according to our records, the account referenced below is maintained at Bank of America, N.A. with the following information

Account number:	0050296726
Routing number ACH/EFT	011900254
Routing number DOM. WIRES	026009593
SWIFT Code INTL WIRES	BOFAUS3N
Account Name:	Yale University
Account Address:	PO BOX 208372 NEW HAVEN CT 06520-8372
Bank Address	Bank of America 222 Broadway, New York, NY10038

The information set forth above is as of August 9, 2022 . Please note that the information provided by the Bank in this letter is given as of the date of this letter and is subject to change without notice, and is provided in strict confidence to you for your own use only, without any responsibility, guarantee, representation, warranty (expressed or implied), commitment or liability on the part of the Bank, its parents, subsidiaries or affiliates or any of its or their directors, officers or employees to you or any third party, and none of them assumes any duties or obligations to you in connection herewith. This letter is not to be quoted or referred to without the Bank's prior written consent. The Bank has no duty and undertakes no responsibility to update or supplement the information set forth in this letter.

If you have any questions, or require further assistance, please do not hesitate to contact us at 866.222.1948. Thank you for banking with Bank of America; we appreciate your business.

Bank of America Merrill Lynch  
Treasury Fulfillment, Service & Operations

By: *Maria A Cassella*  
Name: Maria A Cassella  
Title: VP, Treasury F&S Advisor - Service  
Bank of America  
Dedicated.service301@bankofamerica.com