



Yale  
Continuing  
Medical  
Education

YALE SCHOOL OF MEDICINE

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# Exhibitor Prospectus

***Yale Center for Asthma and Airway Disease 2024:***

***Advances in the Diagnosis and Management of Advanced Airway Diseases***

***Friday, November 8, 2024***

September 12, 2024

Dear Company Representative:

I am writing to inform you of an upcoming Yale CME activity, the “Yale Center for Asthma and Airway Disease 2024 Symposium”, to be held on Friday, November 8, 2024, at The Anlyan Center for Medical Research and Education, New Haven, CT. Yale CME is an accredited provider and has designated this activity for 5.25 *AMA PRA Category 1 Credits*<sup>™</sup> for those attending.

The field of asthma is evolving rapidly and most providers, even specialists cannot keep up with the information. This includes evolving understanding of the similarities and differences in the pathogenesis of asthma and changes in the management guidelines that reflect the shifting paradigm in pathobiology. Clinicians need to be updated on both the pathobiology and management of disease so that they can achieve optimal outcomes for their patients with asthma. Yale CME will invite approximately 3,000 Internal Medicine, Primary Care, Family Medicine physicians, APRNs, Nurses and Physician Assistants throughout Connecticut, Rhode Island, Westchester County, NY and Southwestern Massachusetts. We anticipate approximately 85 attendees.

On behalf of the Yale School of Medicine and our Course Director, Geoffrey L. Chupp MD, I am writing to invite you to be an exhibitor at this event. The fee is \$4,000. The exhibit is a 6-foot display table, and all exhibits will be located immediately outside of the 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. Please register at <https://yale.cloud-cme.com/asthma2024> to reserve your spot and identify payment method. You will be able to pay via credit card, check or wire. 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. All payments must be received by Yale CME prior to the activity.

Best regards,



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

## EXHIBIT DETAILS

### What is included with the fee?

- 1x 6-foot Dressed table.
- 2x Exhibitor Reps per table.
- 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.
- 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 check-in. Please note arrival prior to setup start times is not permissible.
- Per CME compliance, we do not distribute or allowed access to the attendee lists, and we kindly ask to refrain from asking the CME representatives.

# 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

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

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p><b>Yale University</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above.</p> <p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor    <input checked="" type="checkbox"/> C corporation    <input type="checkbox"/> S corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p> <p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/></p>	<p><b>4</b> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p>(Applies to accounts maintained outside the United States.)</p>
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>367 Cedar Street, ESH Building A - 2nd floor</b></p> <p><b>6</b> City, state, and ZIP code</p> <p><b>New Haven, CT 06510-3240</b></p> <p><b>7</b> 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																									
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### 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.

<b>Sign Here</b>	Signature of U.S. person <i>Allison Kentfro</i>	Date <i>June 6, 2024</i>
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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](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they