



Washington State  
Dermatology  
Association

Dear Exhibitor:

We are happy to announce the Pacific Northwest Dermatological 87<sup>th</sup> Annual Scientific Conference. This year's meeting will be held October 2-4 at [Suncadia Resort](#) in Cle Elum, Washington. We would like to invite your company to participate as an exhibitor or sponsor of this meeting.

This year's conference promises to be another outstanding and successful event, with opportunities to meet leading dermatologists from various subspecialties. We expect an excellent turnout due to this year's meeting venue. We are anticipating about 100 dermatologists to be in attendance.

To maximize your exposure to this group of physicians, please consider one of the sponsorship opportunities outlined in the sponsorship document. Please note, sponsors receive priority exhibit space assignments and only sponsors are eligible to receive an electronic list of attendees prior to the conference to promote visits to your display. If your company has an online grant process, please send that information to Becky Constantine at [becky@wsma.org](mailto:becky@wsma.org).

The Washington State Dermatology Association appreciates the overwhelming support and continued relationship with our exhibitors, we and look forward to your participation at this meeting!

If you have any questions please contact Becky at the WSDA office, at (206) 956-3635 or [becky@wsma.org](mailto:becky@wsma.org).

Sincerely,

Becky Constantine  
Association Executive  
Washington State Dermatology Association

# WASHINGTON STATE DERMATOLOGY ASSOCIATION

PRESENTS

## PACIFIC NORTHWEST DERMATOLOGICAL

### 87<sup>TH</sup> ANNUAL SCIENTIFIC CONFERENCE

October 2-4, 2020

## EXHIBITOR PROSPECTUS

### BENEFITS

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WSDA supporters will participate as vendors during the Pacific Northwest Dermatological 87<sup>th</sup> Annual Scientific Conference. Companies will receive acknowledgement in the conference e-syllabus as well as recognition of support at the podium. Complimentary breakfast, coffee breaks and welcome reception for two company representatives are included. Sponsors receive registration for four representatives.

### ATTENDEES

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Dermatologists and dermatology practitioners from across the Pacific Northwest are expected to attend. Anticipated attendance is 100.

### SCHEDULE

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#### **Friday, October 2, 2020**

<b>10:00 AM – 12:00 PM</b>	<b><i>Exhibit Set-up</i></b>
<b>12:00 – 12:50 PM</b>	<b><i>Registration/Visit Exhibits</i></b>
12:50 PM – 2:45 PM	Meeting
<b>2:45 – 3:15 PM</b>	<b><i>Break/Visit Exhibits</i></b>
3:15 PM - 5:45 PM	Meeting
<b>5:45 – 7:00 PM</b>	<b><i>Welcome Reception with Exhibitors</i></b>

#### **Saturday, October 3, 2020**

<b>7:00 – 7:55 AM</b>	<b><i>Registration/Continental Breakfast/Visit the Exhibits</i></b>
7:55 – 9:45 AM	Meeting
<b>9:45 – 10:15 AM</b>	<b><i>Break/Visit Exhibits</i></b>
10:15 – 12:20 PM	Meeting

#### **Sunday, October 4, 2020**

<b>7:00 – 7:55 AM</b>	<b><i>Registration/Continental Breakfast/Visit the Exhibits</i></b>
7:55 – 9:45 AM	Meeting
<b>9:45 – 10:05 AM</b>	<b><i>Break/Visit Exhibits (Exhibitors may breakdown after this break)</i></b>
10:05 – 11:00 AM	Meeting

## LOCATION

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### [Suncadia Resort](#)

Cle Elum, WA

Call 866-904-6300 and ask for the Pacific Northwest Dermatological Room Rate.

## EXHIBITOR SPACE

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One standard booth includes a table and one chair. Exhibit space will be assigned based on level of sponsorship, exhibit booth purchased, followed by first come basis.

## REPRESENTATIVE REGISTRATION

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All exhibitor representatives must be registered for the meeting. Standard tables include two exhibit representatives. You may purchase additional company representatives at \$250.00 each. Exhibit representatives will not be allowed on the exhibit floor without registration and a name badge.

## EXHIBITOR SHIPPING AND STORAGE

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Shipping information will be available soon.

## SHOW MANAGEMENT QUESTIONS

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Becky Constantine, Association Executive, WSDA

Ph 206-956-3635; Fax 206-441-5863; Email [becky@wsma.org](mailto:becky@wsma.org)

## EXHIBIT PRACTICES AND REGULATIONS

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- The WSDA reserves the right to restrict exhibits, without refund, which may be falsely entered.
- Distribution of literature, samples, etc., in the exhibit area by firms that are not participating as paid exhibitors is strictly prohibited.
- No subletting of space is permitted without the consent of the WSDA.
- Exhibitors are responsible for shipping, storage, and installation of exhibit materials, and all costs involved thereby.
- There is a **\$250 service fee on all cancellations. No Refunds for cancellations received after September 1, 2020**
- The WSDA and Suncadia Resort do not guarantee against theft, vandalism or otherwise.
- It is expressly understood that exhibitors shall indemnify and hold harmless the WSDA and Suncadia Resort of all liability (damage or accident) that might ensue from any cause in connection with transfer, installation, maintenance or removal of exhibits, or in display of exhibits.
- In the event of fire, strikes, or other uncontrollable circumstances, the contract for space will not be binding.
- It is expressly understood that the WSDA will not pay for special equipment, facilities and services ordered by technical exhibitors.
- Electrical and other apparatus must be operated so that the noise does not interfere with other exhibitors.
- All electrically wired display material must comply with requirements of the National Board of Fire Underwriters.
- Aisles must be kept clear. To this end, exhibits must be arranged so that exhibitors and their representatives will be within their exhibit space.
- Care must be taken by the exhibitor not to deface or destroy any part of the exhibit areas. In the event of property damage caused by him/her, the exhibiting company will be held responsible.
- Use of the name "WSDA" or that of any officer of said Association, in recommendation of a product or services, is expressly prohibited.
- Table space not occupied by the close of the exhibit installation period as specified above, will be forfeited by the exhibitor, and this space may be resold, reassigned or used by the conference management.



# Washington State Dermatology Association

Presents

## PACIFIC NORTHWEST DERMATOLOGICAL 87<sup>th</sup> ANNUAL SCIENTIFIC CONFERENCE

### MAXIMIZE YOUR EXPOSURE: EXCLUSIVE OPPORTUNITIES

#### Conference Supporters Receive...

- Verbal recognition at the podium
- Complimentary exhibit space
- Print acknowledgement of support on posters, the WSDA e-syllabus and website
- Electronic list of attendees prior to the conference to promote visits to your booth
- Four vendor ticket packages, with sponsorship ribbons
- Access to the Saturday Night Dinner

#### GOLD SUPPORTER.....\$7,000

- Welcome Reception (1 Available)
- Saturday Dinner (1 Available)
- WiFi Sponsor (1 Available)

#### SILVER SUPPORTER..... \$5,000

- Saturday Breakfast (1 Available)
- Sunday Breakfast (1 Available)

#### BRONZE SUPPORTER.....\$4,000

- Friday Coffee Break (1 Available)
- Saturday Coffee Break (1 Available)
- Sunday Coffee Break (1 Available)

***This form must accompany the signed letter of agreement and payment.***  
 Exhibit space is complimentary – if requesting space, please fill out the exhibitor agreement or contact Becky Constantine at [Becky@wsma.org](mailto:Becky@wsma.org)

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

[ ] CHECK ENCLOSED [ ] CREDIT CARD PAYMENT: [ ] VISA [ ] M/C

NO. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_

WASHINGTON STATE DERMATOLOGY ASSOCIATION  
*Presents*  
PACIFIC NORTHWEST DERMATOLOGICAL  
87<sup>TH</sup> Annual Scientific Conference

October 2 – 4, 2020  
Suncadia Resort | Cle Elum, WA  
**EXHIBITOR AGREEMENT**

COMPANY NAME \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL (REQUIRED) \_\_\_\_\_

COMPANY WEBSITE \_\_\_\_\_

**PRIMARY BOOTH REPRESENTATIVE CONTACT (THIS INFORMATION WILL BE PUBLISHED & DISTRIBUTED TO ATTENDEES)**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL (REQUIRED) \_\_\_\_\_

**REPRESENTATIVES STAFFING YOUR BOOTH**

1) \_\_\_\_\_ 2) \_\_\_\_\_

*Two allowed, additional representatives \$250 each*

3) \_\_\_\_\_ 4) \_\_\_\_\_

**PRODUCT/ SERVICE TO BE DISPLAYED:** \_\_\_\_\_

PLEASE INDICATE COMPANIES YOU DESIRE NOI TO BE LOCATED ADJACENT TO (I.E. COMPETITOR):

1) \_\_\_\_\_ 2) \_\_\_\_\_

THE SIGNATURE BELOW SIGNIFIES THAT THE COMPANY REPRESENTATIVE HAS READ AND AGREES TO ABIDE BY ALL WSDA EXHIBIT PRACTICES AND REGULATIONS (SEE ENCLOSED)

**Signature** \_\_\_\_\_ **Title** \_\_\_\_\_

SPONSORSHIP OPPORTUNITY (ATTACHED FORM)      SPONSORSHIP AMOUNT \_\_\_\_\_

**EXHIBIT SPACE:** Exhibit space will be assigned based on level of sponsorship, exhibit booth purchased, followed by first come basis.

EXHIBIT BOOTH (8 X 8)      # OF BOOTHS \_\_\_\_\_ @ \$3,000.00 EA \_\_\_\_\_

TICKET FOR ADDITIONAL REPRESENTATIVE      # OF REPS \_\_\_\_\_ @ \$ 250.00 EA \_\_\_\_\_

TOTAL AMOUNT ENCLOSED \_\_\_\_\_

<input type="checkbox"/> CHECK ENCLOSED <input type="checkbox"/> CREDIT CARD PAYMENT: <input type="checkbox"/> VISA <input type="checkbox"/> M/C    NO. _____
Name on Card _____ Exp. Date _____
Signature _____
Billing Address _____



Washington State  
**Dermatology  
Association**

**Pacific Northwest Dermatological**  
*87th Annual Scientific Conference*

Friday, October 2, 2020		
12:00- 12:50 PM	Registration/Visit Exhibits	
12:50-1:00 PM	Welcome Announcements	
1-1:30 PM	Kathy Schwarzenberger, MD	Med Derm Beyond the Skin
1:30-2:00 PM	Jenna Thomason, MD	
2:00-2:30 PM	Lisa Maier, MD	Rosacea
2:30-2:45 PM	Q&A	
2:45-3:15 PM	Break/Exhibits	
3:15-3:45 PM	Virginia P Sybert, MD	New Paradigms in Ectodermal Dysplasias
3:45-4:15 PM	Valerie Thomas	From Tumors to Tightening: What's New in Dermatologic Surgery
4:15-4:25 PM	Q&A	
4:25-5:15 PM	Nehal Mehta, MD	psoriasis/skin inflammation and heart disease
5:15-5:25 PM	Q&A	
5:25- 5:45 PM	Resident Presentation	Greatest Cases
5:45 PM	Adjourn	
5:45-7:00 PM	Welcome Reception	
Saturday, October 3, 2020		
7:00-7:55 AM	Breakfast/Exhibits	
7:55 – 8:00 AM	Announcements	
8:00-8:30 AM	Jenna Thomason, MD	
8:30-9:00 AM	Jim Treat	Severe Drug Reactions (peds)

9:00-9:30 AM	Bruce Thiers, MD	TBD
9:30-9:45 AM	Q&A	
9:45-10:15 AM	Break/Exhibits	
10:15-10:45 AM	Kathy Schwarzenberger, MD	Measles: will you know it when you see it?
10:45-11:15 AM	Valerie Thomas	So what do I do with that? An update on pathology with clinical correlations
11:15-11:45 AM	Jim Treat	What's New in Pediatric Dermatology
11:45-12:00 PM	Q&A	
12:00-12:30 PM	Bruce Thiers, MD	TBD
12:30 PM	Adjourn	
12:30 PM	Lunch	
6:30 PM	Family Dinner	
Sunday, October 4, 2020		
7:00-7:55 AM	Breakfast/Exhibits	
7:55-8:00 AM	Announcements	
8:00-8:30 AM	Steven Daveluy MD	In-Office Surgical Procedures for Hidradenitis Suppurativa
8:30-9:00 AM	Lisa Maier, MD	Contact Dermatitis
9:00-9:30 AM	Virginia P Sybert, MD	Molecular Diagnostics for Dermatologists
9:30-9:45 AM	Q&A	
9:45-10:05 AM	Break/Exhibits	
10:05-10:35 AM	Steven Daveluy MD	Case-Based Medical Management of Hidradenitis Suppurativa
10:35-10:55 AM	Resident Presentation	Greatest Cases
11:00 AM	Adjourn	

## 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.**

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Washington State Dermatology Association</b>	
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.	
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>2001 Sixth Avenue, Suite 2700</b>	Requester's name and address (optional) SunTrust Bank, Accounts Payable 303 Peachtree Center Ave Ste 420 Atlanta, GA 30303-1216
6 City, state, and ZIP code <b>Seattle, WA 98121</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 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.

<b>Social security number</b>
- -
or
<b>Employer identification number</b>
<b>94 - 3167911</b>

### 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>Bekky Whit</i>	Date ▶ <i>1/15/19</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).

### 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.*