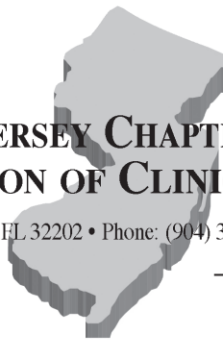




# NEW JERSEY CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS

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October 27, 2017

Dear Prospective Exhibitor,

On behalf of the more than 250 members of the New Jersey Chapter of the American Association of Clinical Endocrinologists (NJ-AAACE), I would like to invite you to exhibit at the upcoming 2018 dinner programs below:

**January 10      Stephanie Fish, MD; Treatment of Advanced Thyroid Cancer; Season's 52 – Bridgewater, NJ**

**February 7      John Bilezikian, MD, MACE; Metabolic Bone Topic TBD; Season's 52 – Bridgewater, NJ (Tentative, subject to change)**

All dinner programs begin with a social hour at 6:00 p.m. followed by the scientific presentation at 7:00 p.m. You should be prepared to have your exhibit set-up no later than 5:45 p.m. Approximately 25-30 clinical endocrinologists from the state of New Jersey typically attend these programs.

The exhibit area is a separate room from where the educational meeting is taking place. The payment of \$1,500 for each program is for the opportunity to exhibit only, and is being made available to all other supporters at the same cost. Each exhibitor will receive a 6' draped table and 2 chairs; as well as unopposed interaction with attendees during the designated exhibit hours.

If you wish to reserve a place at one of our meetings, please complete and return the attached form. Checks should be made payable to the New Jersey Chapter of AAACE (Tax ID # 54-2063666) and mailed to the address below:

**New Jersey-AAACE  
245 Riverside Avenue  
Suite 200  
Jacksonville, FL 32202**

If you require any additional information in order to fulfill this request, please do not hesitate to contact Ari Stribling, Chapters Coordinator at [astribling@aace.com](mailto:astribling@aace.com), or by phone at (904) 353-7878. As always, NJ-AAACE appreciates your generous support and commitment to the practice of clinical endocrinology in the state of New Jersey. I look forward to hearing from you soon.

Sincerely,

Julie Cockley  
Director, Member and Community Engagement

# **NJ AACE Dinner Program**

**January 10, 2018**

## **Treatment of Advanced Thyroid Cancer**

Presented by:  
Stephanie Fish, MD  
Associate Professor of Medicine  
Memorial Sloan Kettering Cancer Center  
New York, NY

**Date:** Wednesday, January 10, 2018

**Location:** Seasons 52  
405 Commons Way  
Bridgewater, NJ 08807  
908.239.3767

**Time:** 6:00 – 7:00pm Social Hour  
7:00 – 8:00pm Dinner w/ Program

### **Objectives:**

At the conclusion of the presentation, attendees will be able to:

1. Identify thyroid cancer patients with radioactive iodine refractory disease
2. Identify appropriate treatment options to manage metastatic thyroid cancer
3. Identify patients with metastatic thyroid cancer who require systemic therapy

### **Disclaimer:**

The material presented during the New Jersey Chapter of AACE dinner program is being made available by the New Jersey Chapter of AACE for educational purposes only, and does not necessarily represent the only or best method or procedure appropriate for the medical situations discussed. The opinions and views expressed represent the opinions of the presenters and not necessarily those of the New Jersey Chapter of AACE, AACE, or its governing body. Therefore, the New Jersey Chapter of AACE and AACE disclaim any and all liability for injury or other damages resulting to an individual attending this meeting or to any third party for claims based upon the use of techniques and/or products presented by any party at this meeting.

### **Accreditation Statement:**

The American Association of Clinical Endocrinologists (AACE) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

# NJ-AACE Dinner Program

## Exhibitor Registration Form

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Jan 10 | Stephanie Fish MD; Treatment of Advanced Thyroid Cancer; Season's 52 – Bridgewater, NJ                               |
| <input type="checkbox"/> Feb 7  | John Bilezikian, MD, MACE; Metabolic Bone Topic TBD; Season's 52 – Bridgewater, NJ<br>(Tentative, subject to change) |

Name: \_\_\_\_\_

Company name as it should appear: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Exhibit Fee: \$1,500 each program

Payment Method:       Check                                   Credit Card  
Payment Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Credit card payments will be processed through the online billing system. A separate email will be sent to the payment contact with a link to the payment page for the amount of the exhibit registration fee.**

**Please make checks payable to NJ-AACE and send to the AACE address below.**  
**Checks not made out to New Jersey-AACE will be returned.**

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Mail/Fax Reservation Form to:  
New Jersey Chapter of the American Association of Clinical Endocrinologists  
Attn: Ari Stribling  
245 Riverside Avenue • Suite 200 • Jacksonville, FL 32202  
Phone: 904-353-7878      **Fax: 904-404-4229**

### CANCELLATIONS/NO SHOW POLICY

Receipt of this registration form is commitment to exhibit. All cancellations must be received in writing in the AACE office 30 days in advance of all scheduled AACE meetings in order to receive a full refund less a \$50 processing fee. Cancellations received after this date but at least 10 days prior to the scheduled AACE meeting will be refunded 50% of the exhibit fee. Cancellations or no shows received after that date will not be refunded except in extenuating circumstances in which case a request must be made in writing and reviewed by the chapter president.

*Exhibiting companies are not pre-assigned exhibit tables. All tables are available on a first come, first serve basis onsite.*

## Request for Taxpayer Identification Number and Certification

**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.  
**New Jersey Chapter of the American Association of Clinical Endocrinologists**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; 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.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) **5**  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.)  
**245 Riverside Avenue, Suite 200**

**6** City, state, and ZIP code  
**Jacksonville, FL 32202**

**7** List account number(s) here (optional)

Print or type  
See Specific Instructions on page 2.

**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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
OR									
<b>Employer identification number</b>									
5	4		2	0	6	3	6	6	6

**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 on page 3.

**Sign Here**      Signature of U.S. person ▶ *Michael N. Cavellone*      Date ▶ *1-3-17*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.