



PLEASE COMPLETE, COPY AND EMAIL TO NEFS.

**SPEAKER INFORMATION FORM**

The 15<sup>th</sup> Annual Meeting of the New England Fertility Society:

New  
England  
Fertility  
Society

Friday and Saturday, May 5-6, 2017  
Cliff House, Ogunquit, Maine

Please list your name and affiliation, as it should appear on all printed materials and in the program.

Name Corinne Alexander  
First Name M.I. Last Name

Title/Degree(s) MD

Affiliation/Company Massachusetts General Hospital, Division of Palliative Care

Mailing Address Founders 600, 55 Fruit St. Boston, MA 02114

FedEx Address \_\_\_\_\_

Work Telephone 617-724-0238 Work FAX 617-724-8693

E-mail Address cbalexander@partners.org

Assistant's Name n/a Assistant's Phone \_\_\_\_\_

Assistant's E-mail Address \_\_\_\_\_

Please submit this completed form on or before Thursday, February 16th (via email):

1. **FINAL/Proposed Title of Presentation** (please type in below)  
How to Deliver Bad News

2. **Brief Description of Presentation:** (please type in below)

In this session, we will explore challenges to delivering "bad news" and learn specific communication techniques for discussing difficult prognostic information with patients and families in your infertility practice.

3. **3 Learning Objectives of Presentation:**

1. Describe barriers to communicating difficult prognostic information to patients.

2. Identify 3 elements of a "breaking bad news" conversation.

3. Describe 2 strategies for communicating "bad news" in a clinical encounter.

4. **Title of Luncheon Roundtable Discussion topic:**  
The Emotional Labor of Breaking Bad News

---

5. **Brief Description of Luncheon Roundtable Discussion topic:**

We will use this time to explore why breaking bad news in the clinical encounter can be such an emotionally exhausting endeavor and brainstorm ideas for supporting each other in this work.

6. **Learning Objectives of Luncheon Roundtable Discussion topic:**

1. Share challenges of breaking bad news in a clinical visit

---

2. Generate ideas for self-care after difficult communication encounters

---

3.

---

7. **Arrival and Departure Dates:** *(We will make your hotel room reservations for these dates.)*

Arrival Date 5/5/2017

Departure Date 5/7/2017

Bringing Guest?  Yes  No

If YES, Name of Guest: August Cole (husband)

---

8. **Audiovisual Needs**

We will supply a laptop and LCD projector with a podium and wireless microphone. Please bring your FINAL presentation on a flash drive. If you need any other audiovisual equipment for your presentation, please contact Michelle Picher at or [michellepicher@nefs.org](mailto:michellepicher@nefs.org) or call 978-640-9176.

9. **Special Needs** (diet, etc., please describe):

10. **Other Comments:**

**Please Save, Scan and EMAIL or FAX this completed form on or before Thursday, February 16th (via email): Michelle Picher, Executive Administrator, New ENGLAND FERTILITY SOCIETY  
Phone/FAX: 978-640-9176, [michellepicher@nefs.org](mailto:michellepicher@nefs.org)**

**Please contact Michelle Picher if you have any questions.**

## FACULTY TERMS & CONDITIONS AGREEMENT

The New England Fertility Society (NEFS) Finance Committee requires all Faculty to understand and agree to the following Terms & Conditions prior to presenting:

1. Honorarium Fee
  - a. **Featured Presenter- \$700.00**
2. Expenses- Capped at \$1000.00 includes
  - a. Travel-
    - i. Car-
      1. Mileage @ \$0.53 per mile (market rate in 2017)
      2. Parking and tolls
    - ii. Bus, Train, and Air-
      1. Must use tourist market rate
      2. Not responsible for upgrades and late bookings creating unnecessary increased rate
    - iii. Cab- as needed. Please check with Society Administrator to inquire about other options (member or sponsor to pick you up at the airport)
    - iv. Lodging: the Executive Administrator will book room at event location.
3. Receipts are required for all expenses.
4. All expenses are subject to the discretion by the NEFS Finance Committee for reimbursement.

Faculty Signature: 

**Please FAX or EMAIL this form by Friday, February 24th (via email)to: Michelle Picher, Executive Administrator, New ENGLAND FERTILITY SOCIETY Phone/  
FAX: 978-640-9176, [michellepicher@nefs.org](mailto:michellepicher@nefs.org)**

**Please contact Michelle Picher if you have any questions.**



CONTINUING EDUCATION  
COMPANY

**FULL DISCLOSURE FOR CONTINUING MEDICAL EDUCATION**

(Please CHECK A, B, C, D, E as applicable and sign below. Provide additional pages as necessary.)

CME Activity 15<sup>th</sup> Annual Meeting of the New England Geriatrics Society - Presentation "How to Deliver Bad News"  
Name (please print): Corinne Alexander, MD  
Address: Founders 600, 55 Fruit St. #  
City, State, Zip: Boston, MA 02114  
Phone No.: 617-724-0238 E-mail: cbalexander@partners.org

**Disclosure of Financial Relationships**

- A. Neither I, nor any member of my immediate family, have a significant financial interest in or affiliation with any commercial supporter of this educational activity and/or with the manufacturer(s) of commercial products and/or providers of any commercial services discussed in this educational presentation/material.
- B. I, or an immediate family member, have a significant financial interest in or affiliation with any commercial supporter of this educational activity and/or with the manufacturer(s) of commercial products and/or providers of any commercial services discussed in this educational presentation/material.
- C. I am a full-time employee of the commercial enterprise listed below.

Please list commercial enterprise and nature of relationship with each, e.g., research grants, stock or bond holdings, speakers' bureau, employment, ownership or partnership, consulting fees, other remuneration (honoraria, travel expenses):

**Corporate Organizations**

**Financial Interest/Affiliations**

_____	_____
_____	_____
_____	_____

**Disclosure of Unlabeled/Investigational Uses of Products**

- D. The content of my material(s)/presentation(s) in this CME activity will not include discussion of unapproved or investigational uses of products or devices.
- E. The content of my material(s)/presentation(s) in this CME activity will include discussion of unapproved or investigational uses of products or devices as indicated below:

I have read CEC's policy on full disclosure. If I have indicated a significant financial relationship, or if I will discuss unapproved or investigational uses of products or devices, I understand that I am responsible for disclosing this information to participants at the beginning of my presentation/material. I understand that failure to disclose or false disclosure may require CEC to identify a replacement for my participation.

Signature of Presenter/Author Corinne Alexander MD Date: 2/15/17

RETURN TO: Michelle Picher, NEFS michellepicher@nefs.org or Fax 978-640-9176

**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.  
**Corinne Alexander Cole**

**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  
 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) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

**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.)  
**22 Thaxter Road**

**6** City, state, and ZIP code  
**Newton, MA 02460**

**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 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>										
0	9	3	-	7	2	-	0	1	0	0

or

<b>Employer identification number</b>										

**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 ▶ *Corinne Alexander Cole, ms* Date ▶ *2/15/17*

**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.