### CALL FOR EXHIBITORS



### University of Tennessee Cancer Institute "Big 4" Conference

## October 24-25, 2014 Holiday Inn World's Fair Park, Knoxville, Tennessee

Jointly-Sponsored by UTMC Cancer Institute and UT Graduate School of Medicine

### **Topics for the 2014 Conference**

At the conclusion of this program, the participant should be able to

- 1. Interpret and incorporate novel therapies in the treatment of cancers
- 2. Analyze the different surgical, radiation and systemic treatments and technologies including genetics and personalized medicine for cancer.
- 3. Incorporate an appropriate sequence for surgical, radiation and chemotherapeutic intervention for patients with cancers.
- 4. Illustrate and implement the optimal treatment approach when given patient scenarios
- 5. Implement appropriate follow -up and survivorship strategies of cancer
- 6. Recognize the culture and cancer in the Appalachia region

Primarily attended by healthcare professionals practicing in

- Dermatology
- Family Medicine
- Gastroenterology
- Gynecology

- Internal Medicine
- Oncology
- Pathology
- Radiology

Exhibit booths will be positioned in an area directly outside the conference general session meeting room. **Due to space constraints the number of vendors will be limited.** 

Participants will have access to the exhibit area throughout the duration of the conference on Friday (all day) and Saturday (half day).

Various levels of support are offered for this conference which are outlined on the subsequent page.

Setup time will be confirmed closer to the conference date and is dependent upon the availability of the Holiday Inn on Thursday, October 23.

## UTMC Cancer Institute "Big 4" Conference – Exhibitor Sponsorship Opportunities October 24-25, 2014

### Bronze - \$800 (max 14 sponsors)

- 1. One 6-foot exhibit booth on Friday, October 24, 2014
- 2. One complimentary registration which includes access to all educational sessions and meals
- 3. Your company name included in printed materials and announced at the conference as a bronze level supporter

### Silver - \$1,000 (max 14 sponsors)

- 1. One 6-foot exhibit booth on both Friday, October 24 and Saturday, October 25
- Two complimentary registrations which includes access to all educational sessions and meals
- 3. Your company name included in printed materials and announced at the conference as a silver level supporter

### **Gold - \$1,500 (max 6 sponsors)**

- 1. One 6-foot exhibit booth on both Friday, October 24 and Saturday, October 25
- 2. Three complimentary registrations which includes access to all educational sessions and meals
- 3. Option to sponsor one of the following (first come, first served two sponsors allowed per function): AM or PM break on Friday or AM break on Saturday
- 4. Recognition in printed materials and conference announcements as gold sponsor of selected meal function

### Platinum - \$2,500 (max 1 sponsor)

- 1. One 6-foot exhibit booth on both Friday, October 24 and Saturday, October 25 in premiere location (directly in front of General Session doors)
- Four complimentary registrations which includes access to all educational sessions and meals
- 3. Sole Sponsorship of lunch on Friday
- 4. Recognition in printed materials and conference announcements as platinum sponsor of Friday lunch session



# REGISTRATION FORM UTMC Cancer Institute "Big 4" Conference October 24-25, 2014

Holiday Inn World's Fair Park Knoxville, Tennessee

	<ul> <li>☐ Bronze Exhibitor (includes <b>one</b> representative)</li> <li>☐ Silver Exhibitor (includes <b>two</b> representatives)</li> <li>☐ Gold Exhibitor (includes <b>three</b> representatives)</li> <li>☐ Platinum Exhibitor (includes <b>four</b> representatives)</li> </ul>	\$800 \$1,000 \$1,500 \$2,500					
	TO	OTAL \$					
Contact Name:	Title:						
Company:							
Address:							
City:	Province/State: Postal Code/Zip:						
Phone:	Fax:						
E-Mail Address:	<u></u>						
☐ Yes, I require electricity at my booth.							
PAYMENT METHODS:  ☐Check Enclosed (payable to the University of Tennessee)							
Check in Process (name of company sending check)							
Credit Card:							
	tercard /  Visa /  American Express Expiration Date:						
Cardholder's Name: Signature Code:							
Signature:							
SPACE IS NOT RESERVED UNTIL FORM IS RECEIVED BY UT							

### **CANCELLATION**

**\_\_\_\_\_[Initial Here]** In the unlikely event that you should decide to cancel your sponsorship of this activity, the following cancellation charges will apply:

30+ days prior to activity	100% refund of payment
30-15 days prior to activity	50% refund of payment
14 days prior to arrival	0% refund of payment

## THE UNIVERSITY OF TENNESSEE Continuing Education and Professional Development



**UT Graduate School of Medicine** 

1924 Alcoa Highway, D-116 Knoxville, TN 37920-6999

Tel: (865) 305-9190 Fax: (865) 305-6823

Re: Exhibiting at the UTMC Cancer Institute Conference

Date: March 13, 2014

**Prospective Exhibitors** 

To:

The University of Tennessee Graduate School of Medicine and the UTMC Cancer Institute are presenting an upcoming continuing medical education activity, **UTMC Cancer Institute "Big 4" Conference**. The conference will be held **October 24-25, 2014** at the **Holiday Inn World's Fair Park** in **Knoxville, Tennessee**.

You are invited to exhibit at this event. Various levels of sponsorship range from \$800 to \$2,500 (made payable "The University of Tennessee Graduate School of Medicine"). Sponsorship levels are outlined on page 2 of this call for exhibitor package.

Participants will have access to the exhibit area throughout the duration of the conference on Friday (all day) and Saturday (half day). Based on previous conference history, we are anticipating 100 attendees for the activity.

The exhibit space is staged outside the conference session room. Many companies are being asked to attend. Space is limited.

It is projected that more than 1.6 million new cancer cases will be diagnosed in 2015. At the same time more than half a million Americans are expected to die of cancer, nearly 1,600 people per day. Cancer is the second most common cause of death in the U.S., exceeded only by heart disease. However, nearly 16 million Americans with a history of cancer are still alive. This educational activity will provide up-to-date information for practicing healthcare providers regarding advances in patient care and health literacy.

This course is designed for physicians practicing in primary care, radiology, hematology, palliative care, surgery and oncology. Physician assistants, pharmacists, nurse practitioners, nurses and allied healthcare professionals are also welcome to attend.

As the accredited provider (ACCME), The University of Tennessee appreciates your consideration of this request for exhibit space. For reporting purposes, our federal tax ID number is 62-6001636.

Sincerely,

Jennifer Russomanno, CMP

**CME** Coordinator



### **UT Medical Center Cancer Institute "Big 4" Conference**

October 24-25, 2014 Holiday Inn World's Fair Park Knoxville, TN

### Friday, October 24, 2014

7:30 - 8:00 a.m. Registration and Continental Breakfast

8:00 - 8:15 a.m. Welcome

John L. Bell, M.D.

8:15 - 9:15 a.m. The Cancer Problem in Appalachia

Keith Gray, M.D.

9:15 - 10:15 a.m. Cancer Facts and Controversies for the Primary Care Physician –Screening to

Survivorship

John L. Bell, M.D.

10:15 - 10:45 a.m. Break and Visit Exhibits

10:45 - 11:45 a.m. The Role of Radiology in the Care of Cancer Patients

Laura K. Findeiss, M.D.

11:45 a.m. – 12:45 p.m. Genetics and Personalized Medicine for Cancer

David S. Hong, M.D.

**12:45 - 1:45 p.m. Lunch** (*provided*)

1:45 - 2:45 p.m. Current State of Oncology Clinical Trials

Janakiraman Subramanian, M.D.

2:45 - 3:45 p.m. Radiation Therapy – New Technologies

Joseph R. Kelley, M.D., PhD

3:45 - 4:00 p.m. Break and Visit Exhibits

4:00 - 5:00 p.m. Panel Discussion

John L. Bell, M.D., Laura K. Findeiss, M.D., Keith Gray, M.D., David S. Hong, M.D., Joseph R. Kelley, M.D., PhD, Edward Partridge, M.D., Janakiraman Subramanian,

M.D.

### Saturday, October 25, 2014

7:30 - 8:00 a.m. Continental Breakfast

8:00 - 9:00 a.m. Cancer Care in the Affordable Care Act Era

Edward Partridge, M.D.

9:00 – 10:00 a.m. Integrative Healthcare for Cancer Patients

Derek Hopko, PhD

10:00 - 10:15 a.m. Break

10:15 - 11:15 a.m. Long Term Medical Issues in Breast Cancer Survivorship

Ernie Bodai, M.D.

11:15 – 11:30 a.m. Closing Remarks & Adjourn

### Form W-9

(Rev. December 2011) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

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

	Name (as shown on your income tax return)						
	University of Tennessee						
۷.	Business name/disregarded entity name, If different from above						
page							
	Check appropriate box for federal tax classification:						
s on	Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate						
ype				Exempt payee			
Print or type	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►						
int	_						
cific	✓ Other (see instructions) ►	University	Requester's name and address (or	4:N			
	Address (number, street, and apt. or suite no.)						
Spe	301 Andy Holt Tower  City, state, and ZIP code	UT Graduate School of Medi					
See		1924 Alcoa Highway, D116 Knoxville, TN 37920		)			
0,	Knoxville, TN 37996 List account number(s) here (optional)	Kilokville, TN 37320					
	List account number(s) here (optional)						
Par	Taxpayer Identification Number (TIN)	·		<del></del>			
	your TIN in the appropriate box. The TIN provided must match the name	ne given on the "Name'	" line   Social security number				
to avo	d backup withholding. For individuals, this is your social security num	ber (SSN). However, fo	r (SSN). However, for a				
	nt alien, sole proprietor, or disregarded entity, see the Part I instructior s, it is your employer identification number (EIN). If you do not have a r			-			
	page 3.	number, see now to go		<u> </u>			
Note. If the account is in more than one name, see the chart on page 4 for		uidelines on whose	Employer identification r	number			
numbe	er to enter.		62-600	1 6 3 6			
			0 2 - 0 0 0	1 6 3 6			
Part	II Certification						
	penalties of perjury, I certify that:						
	number shown on this form is my correct taxpayer identification num	· ·					
Ser	n not subject to backup withholding because: (a) I am exempt from bavice (IRS) that I am subject to backup withholding as a result of a failurionger subject to backup withholding, and						
3. I an	a U.S. citizen or other U.S. person (defined below).		•				
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							
	lly, payments other than interest and dividends, you are not required t tions on page 4.	o sign the certification,	, but you must provide your corr	ect IIN. See the			
Sign Here	Signature of U.S. person Dura Amyul	Da	ate > 01/09/13				
Gen	eral Instructions		gives you a form other than Forr				
Section references are to the Internal Revenue Code unless otherwise		your TIN, you must use the requester's form if it is substantially similar to this Form W-9.					
noted. Purp	ose of Form	<b>Definition of a U.S. person.</b> For federal tax purposes, you are considered a U.S. person if you are:					
A pers	on who is required to file an information return with the IRS must	<ul> <li>An individual who is a U.S. citizen or U.S. resident alien,</li> </ul>					
obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.  Use Form W-9 only if you are a U.S. person (including a resident		<ul> <li>A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,</li> </ul>					
		An estate (other than a foreign estate), or					
		A domestic trust (as defined in Regulations section 301.7701-7).					
alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:		Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business.					
numbe	ertify that the TIN you are giving is correct (or you are waiting for a r to be issued),	Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person,					
	rtify-that-you-are not-subject-to backup-withholding,-or-		ling tax. Therefore, if you are a L hip conducting a trade or busine				
payee. allocab is not s	aim exemption from backup withholding if you are a U.S. exempt If applicable, you are also certifying that as a U.S. person, your le share of any partnership income from a U.S. trade or business ubject to the withholding tax on foreign partners' share of ely connected income.	partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.					
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