

CALL FOR EXHIBITORS



Heart, Lung, Vascular Update for Primary Care Providers

Friday-Saturday, September 5-6, 2014
UT Conference Center
Knoxville, Tennessee

Jointly-Provided by
The University of Tennessee Medical Center Heart, Lung, Vascular Institute and
The University of Tennessee Graduate School of Medicine

Topics for the 2014 Conference

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

- Address the issue of cardiovascular and other related health diseases in our medical community and the awareness of changing approaches to related therapies
- Recognize signs and symptoms of sleep apnea, available treatment options and service providers, and suggestions for lifestyle changes
- Discuss the uses of a wearable defibrillator and how its use can prevent sudden cardiac death in patients
- Evaluate and diagnose the patient presenting with cough, treatment options available and when to refer to a specialist

Primarily attended by healthcare professionals practicing in

- Primary Care
- Internal Medicine
- Emergency Medicine

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.**

Your company name will be included and announced in the list of exhibitors and/or supporters

Setup time will be confirmed closer to the conference date and is dependent upon the availability of UT Conference Center on Thursday, September 4.

REGISTRATION FORM

**Heart, Lung, Vascular Update for Primary Care Providers
Friday, September 5, 2014**

UT Conference Center, Knoxville, Tennessee

- Exhibitor Booth **FRIDAY ONLY** (includes **one** representative) **\$700**
 Additional Exhibitors _____ @ **\$50** each

TOTAL \$ _____

Contact Name: _____ Title: _____
Company: _____
Address: _____
City: _____ Province/State: _____ Postal Code/Zip: _____
Phone: _____ Fax: _____
E-Mail Address: _____

Additional Exhibitors:

1. Name _____
2. Name _____
3. Name _____

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:
 Mastercard / Visa / American Express
Card #: _____ Expiration Date: _____
Cardholder's Name: _____ Signature Code: _____
Signature: _____ Date: _____

SPACE IS NOT RESERVED UNTIL PAYMENT 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

FAX OR EMAIL TO: JENNIFER RUSSOMANNO (865) 305-6823 or JRussomanno@utmck.edu

THE UNIVERSITY OF TENNESSEE
Continuing Education and Professional Development



Date: May 19, 2014

To: Prospective Exhibitors

Re: Exhibiting at the Heart, Lung, Vascular Update

UT Graduate School of Medicine

1924 Alcoa Highway, D-116

Knoxville, TN 37920-6999

Tel: (865) 305-9190

Fax: (865) 305-6823

The University of Tennessee Graduate School of Medicine and the UTMC Heart, Lung, Vascular Institute are presenting an upcoming continuing medical education activity, **Heart, Lung, Vascular Update for Primary Care Providers**. The conference will be held **September 5-6, 2014** at the **UT Conference Center** in **Knoxville, Tennessee**.

You are invited to exhibit at this event. Exhibitors wishing to have a booth will be charged a fee of \$700 (made payable "The University of Tennessee Graduate School of Medicine"), which includes the exhibit booth and one company representative. Each additional representative will be \$50 each.

The exhibit space is staged outside the conference session room. Many companies are being asked to attend. Space is limited. **We are anticipating approximately 100 participants at this year's event.**

Cardiovascular disease (heart disease and stroke) is the leading cause of death in the United States and is a significant contributor to morbidity. Tennessee ranks 44th in cardiovascular deaths and 39th in overall health.² According to America's Health Rankings website, heart disease and stroke are currently the leading and fourth leading causes of death in the United States (respectively).¹ Cardiovascular disease is influenced by many modifiable risk factors which include smoking, hypertension, hypercholesterolemia, and diabetes, low levels of physical activity, poor diet, and obesity. Influencing one or more of these risk factors has the potential to greatly decrease the burden of cardiovascular disease. These statistics alone should be daily reminders of the need to address the issue of cardiovascular and other related health diseases in our medical community and the need for awareness of the rapidly changing approaches to related therapies.

Using case-based examples, the Heart, Lung, Vascular Update for Primary Care Providers will provide direct contact with individuals focusing on these health related issues and subsequently offer guidance on treatment outcomes for patients in the area of sleep apnea, hypertension, cardiac arrest, chronic cough, venous disease and sudden cardiac death, among others.

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

Heart, Lung, Vascular Update for Primary Care Providers

September 5-6, 2014

UT Conference Center, Knoxville, TN

Friday, September 5

- 7:30 - 8:00 a.m.** **Registration and Continental Breakfast**
- 8:00 - 8:15 a.m.** **Welcome**
Stuart Bresee, M.D.
- 8:15 - 8:45 a.m.** **Making Sense of the Health Care Exchanges**
David Hall, MBA
- 8:45 - 9:45 a.m.** **The Evaluation of the Patient with Cough**
John C. Callison, MD
- 9:45 - 10:00 a.m.** **Break and Visit Exhibits**
- 10:00 - 11:00 a.m.** **Management of Lipid Disorders: Making sense of the 2013 guidelines using a case-based approach**
Jay Crook, MD
- 11:00 a.m. – Noon** **The Recognition and Management of Sleep Apnea in 2014**
Kevin Martinolich, MD
- Noon - 1:00 p.m.** **Lunch** (*provided*)
- 1:00 - 2:00 p.m.** **Use of the Wearable Defibrillator to Prevent Sudden Cardiac Death**
Jeff Hirsh, MD
- 2:00 - 3:00 p.m.** **The Evaluation of the Patient with Dyspnea**
Paul Branca, MD
- 3:00 - 3:15 p.m.** **Break and Visit Exhibits**
- 3:15 - 4:00 p.m.** **Atrial Fibrillation Update: an Interventional Approach**
James Cox, MD
- 4:00 - 4:45 p.m.** **The Approach to Heart Failure in 2014**
Bret Rogers, MD

Saturday, September 6

- 7:15 - 7:45 a.m.** **Continental Breakfast**
- 7:45 - 8:45 a.m.** **The Patient with Diffuse Parenchymal Lung Disease**
Jared Kravitz, MD
- 8:45 – 9:45 a.m.** **Hypertension Management in 2014**
Suzanne Oparil, MD
- 9:45 - 10:45 a.m.** **Vascular Surgery Update: New Developments in the Management of Carotid, Renovascular, and Lower Extremity Venous Disease**
Michael Freeman, MD
- 10:45 – 11:00 a.m.** **Closing Remarks & Adjourn**

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) University of Tennessee	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input 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) ▶ _____ <input type="checkbox"/> Exempt payee	
	<input checked="" type="checkbox"/> Other (see instructions) ▶ University	
	Address (number, street, and apt. or suite no.) 301 Andy Holt Tower	Requester's name and address (optional) UT Graduate School of Medicine 1924 Alcoa Highway, D116 Knoxville, TN 37920
City, state, and ZIP code Knoxville, TN 37996		
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 the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number								

Employer identification number									
6	2	-	6	0	0	1	6	3	6

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).

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 4.

Sign Here Signature of U.S. person ▶ *Laura Amgen*

Date ▶ *01/09/13*

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must 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 alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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. 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, and pay the withholding tax. Therefore, if you are a U.S. person that is a 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.