

CALL FOR EXHIBITORS



Sixth Annual Stroke Symposium:
Rehabilitation Across the Continuum of Care
Tuesday, August 19, 2014
UT Conference Center
Knoxville, Tennessee

Jointly-Sponsored by
The University of Tennessee Medical Center Brain and Spine 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

1. Gain knowledge regarding stroke rehabilitation to improve quality of life for patient and caregivers
2. Recall roles and applications of each rehabilitation discipline across the continuum of care
3. Discuss novel techniques, new technology and resources in stroke rehabilitation therapy
4. Identify strategies to reduce inpatient falls while optimizing mobilization for stroke patients
5. Discuss strategies to prevent secondary impairments.

Primarily attended by healthcare professionals practicing in

- Emergency Medicine
- Family Medicine
- Internal 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 Monday, August 18.

REGISTRATION FORM

**Sixth Annual Stroke Symposium:
Rehabilitation Across the Continuum of Care
Tuesday, August 19, 2014
UT Conference Center, Knoxville, Tennessee**

- Exhibitor Booth (includes **one** representative) **\$600**
 Additional Booth (includes **one** representative) **\$500**
 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



Date: May 23, 2014

To: Prospective Exhibitors

Re: Exhibiting at the Sixth Annual Stroke Symposium

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 UT Department of Medicine is presenting an upcoming continuing medical education activity, **Sixth Annual Stroke Symposium: *Rehabilitation Across the Continuum of Care***. The conference will be held **August 19, 2014** at the **UT Conference Center in Knoxville, Tennessee**.

You are invited to exhibit at this event. Each booth is \$600 (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 90 participants at this year's event.**

Stroke is the leading cause of disability in the United States. Among Medicare patients discharged with a stroke diagnosis: 24% are discharged to an inpatient rehabilitation facility, 31% are discharged to a skilled nursing facility, and among those discharged home 32% require home health services. Rehabilitation after stroke is a lifelong process requiring input from a multidisciplinary team.

In response to the opportunity for improved care across transitions in relation to rehabilitation services and the request of past participants, the *6th Annual Stroke Symposium* will address topics related to rehabilitation after stroke.

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

**Sixth Annual Stroke Symposium:
Rehabilitation across the Continuum of Care**

**August 19, 2014
UT Conference Center, Knoxville, TN**

- 7:30 - 8:00 AM** **Breakfast and Check In**
- 8:00 - 8:15 AM** **Welcome and Introductions**
Brian Wiseman, MD
- 8:15 - 9:00 AM** **Introduction to Rehab Across the Continuum**
Felicia Stephens, PT, DPT & Jennifer Dalton, PT, DPT
- 9:00 - 10:00 AM** **New Therapy Techniques**
Karen McCain, PT, DPT, NCS
- 10:00 - 10:15 AM** **Break and Visit Exhibits**

Breakout Sessions
10:15 - 11:00 AM

Session 1	Session 2
There's an App for That! Using New Technology <i>Megan Hollifield, CCC-SLP</i>	Early Mobilization/Falls Prevention in the Hospitalized Acute Stroke Patient <i>Danielle Hmielewski, PT, DPT</i>

- 11:00 - 11:45 AM** **Prevention of Secondary Impairments**
Jill Roehm, MS, OT/L

11:45 AM - 12:45 PM **Lunch**

- 12:45 - 1:45 PM** **Post-Hospital Rehab: Compensatory vs. Restorative Techniques**
Blair Saale, PT, DPT, NCS

- 1:45 - 2:30 PM** **Dysphagia: Treatments and Evaluations Available**
Kasey Woody, CCC-SLP

2:30 - 2:45 PM **Break and Visit Exhibits**

Breakout Sessions
2:45 - 3:30 PM

Session 1	Session 2
There's an App for That! Using New Technology <i>Megan Hollifield, CCC-SLP</i>	Early Mobilization/Falls Prevention in the Hospitalized Acute Stroke Patient <i>Danielle Hmielewski, PT, DPT</i>

- 3:30 - 3:45 PM** **Break**
- 3:45 - 4:45 PM** **Hemiparetic Arm/Spasticity**
Karen McCain, PT, DPT, NCS
- 4:45 - 5:00 PM** **Wrap up and Adjournment**

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:

- 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).

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:

- 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.

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.