

CALL FOR EXHIBITORS



Eleventh Annual Hematology Conference: *An Update on Selected ASH Topics*

Saturday, February 7, 2015
UT Conference Center
Knoxville, Tennessee

Directly-Sponsored by
UT Graduate School of Medicine and UT Department of Medicine

Topics for the 2015 Conference

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

- Summarize current and ongoing study results in patients with Hemostasis/Thrombosis, Chronic Lymphocytic Leukemia, Myelodysplastic Syndromes, Multiple Myeloma, and Malignant Lymphoma
- Optimize drug therapy for cancer patients
- Identify and prevent drug interactions in cancer patients

Primarily attended by healthcare professionals practicing in

- Hematologic Oncology
- 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 Friday, February 6.

Please Note: Pursuant to Section 6002 of the Patient Protection and Affordable Care Act, the National Physicians Payment Transparency Program, codified at 42 CFR Parts 402 and 403, was created (the "Sunshine Act"), UTGSM has enacted the following policies with regards to exhibitors at ACCME-certified activities:

- No commercial support will be used for food or beverages for attendees (food and beverages are paid for only by registration fees)
- No exhibitors can provide any gifts of any value.

REGISTRATION FORM

Eleventh Annual Hematology Conference:
Update on Selected ASH Topics
Saturday, February 7, 2015
UT Conference Center, Knoxville, Tennessee

- Exhibitor Booth (includes **one** representative) **\$800**
 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

THE UNIVERSITY OF TENNESSEE
Continuing Education and Professional Development



Date: September 30, 2014

To: Prospective Exhibitors

Re: Exhibiting at the Eleventh Annual Hematology Conference

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, **Eleventh Annual Hematology Conference: An Update on Selected ASH Topics**. The conference will be held **February 7, 2015** at the **UT Conference Center** in **Knoxville, Tennessee**.

You are invited to exhibit at this event. Each booth is \$800 (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 65 participants at this year's event.**

An increased understanding of the biology and etiology of cancer has resulted in an improved ability to design therapeutic regimens. Rationally designed therapeutics, including targeted agents, modified dosing strategies, and strategic combinations of agents and therapeutic modalities, have led to improved survival without significant increases in treatment-related toxicities.

Recent studies in the treatment of patients demonstrate survival gains, and the results of recent trials suggest that new therapeutic options may improve the outcomes of patients. New biological information may lead to new treatment modalities and, in combination with statistically developed predictive models, help select patients for therapeutic options.

The conference provides an update on recent advances in the treatment of blood cancers, including a review of the biology of specific types and an update on recent clinical trials. Topics to be covered are multiple myeloma, thrombosis/hemostasis, myelodysplastic syndrome, malignant lymphoma and chronic lymphocytic leukemia. This program will provide physicians new data and treatment strategies with the aim of improving patient outcomes and quality of life.

This update occurs as soon as possible after the ASH conference while allowing time for our featured speakers to develop unique presentations combining their areas of expertise with new information obtained from the ASH presentations at the Annual Meeting and Exposition in San Francisco on December 6-9, 2014.

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

**Eleventh Annual Hematology Conference:
An Update on Selected ASH Topics**

**UT Conference Center
Knoxville, Tennessee
Saturday, February 7, 2015**

8:00 – 8:30 a.m.

Registration and Continental Breakfast

8:30 – 9:00 a.m.

Welcome

Wahid Hanna, M.D.

Course Director / Moderator
Professor, Department of Medicine
UT Graduate School of Medicine

9:00 – 10:00 a.m.

Thrombosis and Hemostasis

Craig Kessler, M.D.

Professor of Medicine
Georgetown University
Lombardi Cancer Center
Washington, DC

10:00 – 10:15 a.m.

Break and Visit Exhibits

10:15 – 11:15 a.m.

Multiple Myeloma

Jonathan Kaufman, M.D.

Assistant Professor of Hematology and
Medical Oncology
Emory University School of Medicine
Atlanta, GA

11:15 a.m. – 12:15 p.m.

Myelodysplastic Syndromes

Rami Komrokji, M.D.

Associate Professor and
Clinical Director of Hematologic Malignancies
H. Lee Moffitt Cancer Center & Research
Institute
Tampa, FL

12:15 – 1:15 p.m.

Luncheon Provided

1:15 – 2:15 p.m.

Chronic Lymphocytic Leukemia

Michael Keating, M.B., B.S.

Professor of Medicine
MD Anderson Cancer Center
University of Texas
Houston, Texas

2:15 – 2:30 p.m.

Break and Visit Exhibits

2:30 – 3:30 p.m.

Malignant Lymphoma

Thomas Habermann, M.D.

Professor of Medicine
Mayo Clinic
Rochester, Minnesota

3:30 – 3:45 p.m.

Closing Remarks

3:45 p.m.

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 checked="" type="checkbox"/> Other (see instructions) ▶ University	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) 301 Andy Holt Tower City, state, and ZIP code Knoxville, TN 37996 List account number(s) here (optional)	Requester's name and address (optional) UTGSM, Continuing Education 1924 Alcoa Highway, Box D116 Knoxville, TN 37920

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											
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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), 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 ▶	Date ▶ 8/6/14
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If you need instructions on filling out this form, go to <http://www.irs.gov/pub/irs-pdf/fw9.pdf>