

CALL FOR EXHIBITORS



Third Annual Medicine Conference:

Practice Updates and Skills Development for the Primary Care Physician

April 17-18, 2015

Holiday Inn World's Fair Park, 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

1. Describe the current management of heart failure, chronic pain, and depression/anxiety
2. Explain how to use library resources to determine the evidence-based treatment of common diseases
3. Discuss the basis of current recommendations given to travelers
4. Apply skills in interpreting EKGs and common abnormalities on CT Scans and MRIs
5. Diagnose common skin conditions encountered in primary care practice
6. Demonstrate injections in various joints.

Primarily attended by healthcare professionals practicing in:

- Internal Medicine
- Primary Care
- Pharmacy

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 and Saturday. Your registration fee includes participation in all meals and educational sessions.

Setup time will be confirmed closer to the conference date and is dependent upon the availability of Holiday Inn on Thursday, April 16.

REGISTRATION FORM

**Third Annual Department of Medicine Conference
Friday-Saturday, April 17-18, 2015
UT Conference Center, Knoxville, Tennessee**

- Exhibitor Booth **FRIDAY ONLY** (includes **one** representative) **\$700**
 Exhibitor Booth **FRI & SAT** (includes **one** representative) **\$1000**
 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: January 21, 2015

To: Prospective Exhibitors

Re: Exhibiting at the Annual Medicine 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, **Third Annual Medicine Conference**. The conference will be held **April 17-18, 2015** at the **Holiday Inn World's Fair Park** in **Knoxville, Tennessee**.

You are invited to exhibit at this event. Exhibitors wishing to have a booth on Friday only 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. Those wishing to exhibit on both Friday and Saturday during the conference will be charged a fee of \$1,000. 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 85 participants at this year's event based on previous participation.**

Faced with an aging population, new developments in technology and treatment options, it will be increasingly important for the health care provider to stay up-to-date on the newest developments and trends in the medical community. The *Third Annual Medicine Conference* will address new developments and trends in relevant areas such as heart failure, chronic pain, EKG interpretation, skin conditions and proper joint injection among others.

This course is designed for physicians treating primary care patients. Physician assistants, nurse practitioners, nurses and pharmacists are also welcome to participate.

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

Third Annual Medicine Conference
April 17-18, 2015
Holiday Inn Knoxville Downtown World's Fair Park, Knoxville, TN

Friday, April 17, 2015

7:30 - 8:00 a.m.	Registration and Continental Breakfast
8:00 - 8:15 a.m.	Welcome <i>Daniel Ely, MD</i>
8:15 - 9:15 a.m.	Management of Congestive Heart Failure <i>Bret Rogers, MD</i>
9:15 - 10:15 a.m.	Pain Evaluation and Management <i>Edward Workman, MD</i>
10:15 - 10:45 a.m.	Break and Visit Exhibits
10:45 - 11:45 a.m.	Management of the Perioperative Patient <i>Amy Barnett, MD</i>
11:45 a.m. – 12:45 p.m.	Treatment and Pharmacogenomics in Depression <i>John Yates, Pharm.D.</i>
12:45 - 1:45 p.m.	Lunch (<i>provided</i>)
1:45 - 2:45 p.m.	What You Really Need to Know about Travel Medicine <i>Mark Rasnake, MD</i>
2:45 - 3:45 p.m.	Interesting Case Presentations <i>Internal Medicine Residents</i>
3:45 - 4:00 p.m.	Break and Visit Exhibits
4:00 - 5:00 p.m.	Using Electronic Resources Effectively <i>Cynthia Vaughn, M.L.I.S.</i>

Saturday, April 18, 2015

7:30 - 8:00 a.m.	Continental Breakfast
8:00 - 9:00 a.m. 9:05 – 10:05 a.m. <i>(offered simultaneously)</i>	Workshop #1 Office-based Joint Evaluation & Injections <i>Juli Williams, MD & Janet Purkey, MD</i> Workshop #2 Basic EKG Interpretations <i>Jay Crook, MD</i>
10:05 - 10:30 a.m.	Break and Visit Exhibits
10:30 - 11:30 a.m. 11:35 a.m. – 12:35 p.m. <i>(offered simultaneously)</i>	Workshop #3 Dermatology for Primary Care <i>Lawrence Bushkell, MD</i> Workshop #4 Radiology Test Ordering Update 2015 <i>Tony Allen, MD</i>
12:35 – 12:45 p.m.	Closing Remarks & Adjourn

**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

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 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								
				-				

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), 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 ▶ *Zawad M. Agha* Date ▶ *8/6/14*

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