

CALL FOR EXHIBITORS



Seventh Annual Stroke Symposium: *Current Topics in Stroke Prevention* **Tuesday, May 12, 2015** **UT Conference Center** **Knoxville, Tennessee**

Jointly-Provided by
The University of Tennessee Medical Center Brain and Spine Institute and
The University of Tennessee Graduate School of Medicine

Topics for the 2015 Conference

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

1. Discuss approaches to transitions of care.
2. Review cardiac implications for ischemic stroke.
3. Discuss management of risk factors for atherosclerotic disease.
4. Describe the relationship between migraine and cerebrovascular disease.
5. Review indications and adverse effects associated with anti-thrombotic medications.

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, May 11.

REGISTRATION FORM

**Seventh Annual Stroke Symposium:
Current Topics in Stroke Prevention
Tuesday, May 12, 2015**

UT Conference Center, Knoxville, Tennessee

- Exhibitor Booth (includes **one** representative) **\$650**
 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: March 9, 2015

To: Prospective Exhibitors

Re: Exhibiting at the Seventh 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, **Seventh Annual Stroke Symposium: Current Topics in Stroke Prevention**. The conference will be held **May 12, 2015** at the **UT Conference Center in Knoxville, Tennessee**.

You are invited to exhibit at this event. Each booth is \$650 (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 70 participants at this year's event.**

Stroke is the fifth leading cause of death and a leading cause of disability in the United States. Although improvements in care have resulted in a decreased rate of death among stroke patients, approximately 795,000 Americans experience a new or recurrent stroke each year. Approximately one quarter of those strokes are recurrent events.

In response to the opportunity for increased awareness of secondary prevention strategies and the need for seamless transitions of care, the Seventh Annual Stroke Symposium will address topics related to secondary prevention of 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

Seventh Annual Stroke Symposium
May 12, 2015
UT Conference Center, Knoxville, TN

7:30 - 8:00 a.m.	Registration and Continental Breakfast
8:00 - 8:10 a.m.	Welcome <i>Brian Wiseman, MD</i>
8:10 - 9:00 a.m.	Women, Migraines and Stroke <i>Speaker #1</i>
9:00 - 9:30 a.m.	Carotid Revascularization <i>Speaker #2</i>
9:30 - 9:50 a.m.	Break and Visit Exhibits
9:50 - 10:20 a.m.	Hypercoag and Hematologic Implications <i>Speaker #3</i>
10:20 - 11:50 a.m.	Interventional Cardiology <i>Speaker #4</i>
11:50 a.m. - 1:10 p.m.	Lunch (<i>provided</i>)
1:00 - 1:50 p.m.	Transition of Care <i>Speaker #5</i>
1:50 - 2:20 p.m.	Antiplatelet Review <i>Speaker #6</i>
2:20 - 2:35 p.m.	Break and Visit Exhibits
2:35 - 3:15 p.m.	BP, Lipid and Diabetes Management <i>Speaker #7</i>
3:15 - 3:45 p.m.	Sleep Apnea <i>Speaker #8</i>
3:45 - 4:15 p.m.	Novel Oral Anticoagulant Review <i>Speaker #9</i>
4:15 - 4:30 p.m.	Wrap Up and 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	Requester's name and address (optional) UT Graduate School of Medicine Continuing Education 1924 Alcoa Highway, Box D116 Knoxville, TN 37920
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.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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

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), and
4. 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 ▶ 6/23/14
------------------	----------------------------	-----------------------

General Instructions

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

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.