

CALL FOR EXHIBITORS



Eleventh Annual Diabetes Regional Conference: *Update for Primary Care Providers*

Saturday, April 2, 2016
UT Conference Center
Knoxville, Tennessee

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

Topics for the 2016 Conference

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

1. Evaluate new pharmaceutical treatment options for diabetes, obesity and dyslipidemia
2. Recognize the benefits of early diabetes diagnosis and intervention
3. Discuss literature surrounding guidelines for management of dyslipidemia, hypertension and diabetes.
4. Apply simple diabetes education in the primary care office setting.

Come join us for this quality CME activity in Knoxville.

FEATURES

Primarily attended by healthcare professionals practicing in Family Medicine and Internal Medicine

Exhibit booths will be positioned in an area outside and separate from the conference general session area.

Due to space constraints the number of vendors will be limited to the first 16 respondents.

Setup time will be confirmed closer to the conference date and is dependent upon the availability of the UT Conference Center on Friday, April 1.

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

REGISTRATION FORM

Eleventh Annual Regional Diabetes Conference

Saturday, April 2, 2016

UT Conference Center

Knoxville, Tennessee

- | | |
|--|--------------|
| <input type="checkbox"/> Exhibitor Booth (includes one representative) | \$750 |
| <input type="checkbox"/> Additional Booth (includes one representative) | \$500 |
| <input type="checkbox"/> Additional Exhibitors _____ @ \$50 each | |

TOTAL \$ _____

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

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 FORM 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: December 9, 2015

To: Prospective Exhibitors

Re: Exhibiting at the Diabetes 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 Diabetes Regional Conference: *Update for Primary Care Providers***. The conference will be held **April 2, 2016** at the **UT Conference Center** in **Knoxville, Tennessee**.

You are invited to exhibit at this event. Each booth is \$750 (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. **We anticipate between 100-150 participants based on conference history.**

The exhibit space is staged outside the conference session room. Many companies are being asked to attend. Space is limited.

According to the 2013 data from the Center for Disease Control (CDC) Behavioral Risk Factor Surveillance System (BRFSS), 11.1% of Tennesseans have been diagnosed with diabetes and 9.3% with pre-diabetes. This is a significantly higher rate compared to the remainder of the United States population with 9.3% diagnosed with diabetes and 10.2% with pre-diabetes. This same source indicates that 68% of the people with diabetes in Tennessee are overweight or obese. With the increasing prevalence of diabetes in the United States and Tennessee, it is crucial to continue to provide educational updates to primary care providers on diabetes and related disease diagnosis and management. Diabetes co-exists with multiple other disease states such as hypertension, dyslipidemia, depression, and chronic kidney disease. Diabetes also places a high demand for resources on the health-system. Data from 2012 indicates that patients with diabetes account for \$176 billion in direct medical costs. Prescription medications to treat diabetes complications and antidiabetic agents and diabetes supplied account for 18% and 12% of the total costs, respectively.

Diabetes is usually first confronted by primary care providers. The target audience of the *Diabetes Regional Conference* is primary care providers who treat diabetes and related diseases frequently.

Using case-based examples, the *Diabetes Regional Conference* 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 diabetes mellitus and its related diseases.

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,

A handwritten signature in black ink, appearing to read 'JRussomanno'.

Jennifer Russomanno, CMP
CME Coordinator

Eleventh Annual Diabetes Regional Conference:

Update for Primary Care Providers

April 2, 2016

UT Conference Center, Knoxville, TN

| | |
|--------------------------------|---|
| 7:15 - 7:45 a.m. | Registration and Continental Breakfast |
| 7:45 – 8:00 a.m. | Welcome <i>Donald Keeble, M.D.</i> |
| 8:00 - 9:00 a.m. | Management of Obesity and Diabetes <i>Sarah Campbell PA, RD,</i> |
| 9:00 - 10:00 a.m. | Prediabetes <i>Dr. Eaddy</i> |
| 10:00 - 10:30 a.m. | Break and Visit Exhibits |
| 10:30 - 11:30 a.m. | Update on the Prevention of CV disease in light of Recent Evidence <i>Dr. Yates</i> |
| 11:30 a.m. - 12:00 p.m. | Teaching Kitchens Resources in your Diabetes Education. Jane Kelly, BSN, RN, CDE and Janet Seiber, RD, LDN, CDE |
| 12:00 - 12:45 p.m. | Lunch (<i>provided</i>) |
| 12:45 - 1:45 p.m. | Diabetes Education 101 <i>Betsy Bohannon</i> |
| 1:45 - 2:00 p.m. | Break (<i>Last chance to visit Exhibits</i>) |
| 2:00 - 3:00 p.m. | Diabetes and kidney disease <i>Dr. Malagon-Rogers</i> |
| 3:00 - 4:00 p.m. | Diabetes Update for the PCP <i>Dr. Vora</i> |
| 4:00 - 4:15 p.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. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. University of Tennessee | | |
| | 2 Business name/disregarded entity name, if different from above | | |
| | 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ University | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| | 5 Address (number, street, and apt. or suite no.) 301 Andy Holt Tower | | Requester's name and address (optional) |
| | 6 City, state, and ZIP code Knoxville, TN 37996 | | UT Graduate School of Medicine 1924 Alcoa Highway, Box D116 Knoxville, TN 37920 |
| | 7 List account number(s) here (optional) | | |

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|---|--|-------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---------------------------------------|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|
| Part I Taxpayer Identification Number (TIN) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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 <i>How to get a TIN</i> on page 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table> | Social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Social security number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 25px;">6</td><td style="width: 25px;">2</td><td style="width: 25px;">-</td><td style="width: 25px;">6</td><td style="width: 25px;">0</td><td style="width: 25px;">0</td><td style="width: 25px;">1</td><td style="width: 25px;">6</td><td style="width: 25px;">3</td><td style="width: 25px;">6</td> </tr> </table> | Employer identification number | | | | | | | | | 6 | 2 | - | 6 | 0 | 0 | 1 | 6 | 3 | 6 | or <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 25px;">6</td><td style="width: 25px;">2</td><td style="width: 25px;">-</td><td style="width: 25px;">6</td><td style="width: 25px;">0</td><td style="width: 25px;">0</td><td style="width: 25px;">1</td><td style="width: 25px;">6</td><td style="width: 25px;">3</td><td style="width: 25px;">6</td> </tr> </table> | Employer identification number | | | | | | | | | 6 | 2 | - | 6 | 0 | 0 | 1 | 6 | 3 | 6 |
| Employer identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 2 | - | 6 | 0 | 0 | 1 | 6 | 3 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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); 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 ▶ 11/18/15 |
|------------------|----------------------------|------------------------|

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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. See *What is FATCA reporting?* on page 2 for further information.