

CALL FOR EXHIBITORS



Fourth Annual Medicine Conference: *Practice Updates for the Primary Care Physician*

April 29-30, 2016
Holiday Inn World's Fair Park, 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

- Discuss the recent advancements in treatments for a variety of conditions, including heart failure, diabetes, and
- pulmonary disease.
- Describe how to evaluate pancreatic masses using endoscopic ultrasound.
- Explain how to assess elderly patients for dementia.
- Identify new approaches to the treatment of valvular heart disease and lung cancer.
- Enhance analytical skills required for diagnosing difficult patients.

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 28.

REGISTRATION FORM

**Fourth Annual Department of Medicine Conference
Friday-Saturday, April 29-30, 2016**

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: December 29, 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, **Fourth Annual Medicine Conference**. The conference will be held **April 29-30, 2016** 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.**

General Internal Medicine healthcare professionals are faced with the challenge of staying knowledgeable on a multitude of topics. Therefore, there is a continuing medical education need to receive ongoing information from experts with regard to new developments in medicine, including new medications, new treatments, and new guidelines. There is also an ongoing need to improve patient care through more in-depth knowledge gained from subspecialists. The Fourth Annual Medicine Conference is designed to improve the knowledge and competence of internists and prescribers with regard to a wide variety of topics covering many subspecialty areas.

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

**Fourth Annual Medicine Conference
Practice Updates for the Primary Care Physician**

Program Agenda

Friday, April 29, 2016

11:00 – 12:00 p.m.	Registration and Lunch (provided)
12:00 – 1:00 p.m.	The Who/What/When of New Pulmonary Disease Treatments <i>Rajiv Dhand, MD</i>
1:00 – 1:45 p.m.	New Pharmaceuticals for 2016 <i>Robert A. Moye, PharmD</i>
1:45 – 2:00 p.m.	Break and Visit Exhibits
2:00 – 3:00 p.m.	Hepatitis C Treatment <i>Jackie Prince, APN</i>
3:00 – 3:45 p.m.	Evaluation of Pancreatic Mass/Use of Endoscopic Ultrasound <i>Ramanujan Samavedy, MD</i>
3:45 – 4:00 p.m.	Break and Visit Exhibits
4:00 – 5:00 p.m.	Cognitive Function/Dementia Evaluation for Primary Care <i>Monica Crane, MD</i>
5:00 – 5:45 p.m.	Frailty and Functional Assessment of the Elderly Patient <i>Kim Emmett, MD</i>

Saturday, April 30, 2016

7:30 – 8:00 a.m.	Continental Breakfast (provided)
8:00 – 9:00 a.m.	New Approaches to an Old Problem – Valvular Heart Disease <i>Tjuan L. Overly, MD</i>
9:00 – 9:45 a.m.	New Heart Failure Drugs – Who Gets What? <i>Benjamin I. Shepple, MD</i>
9:45 – 10:00 a.m.	Break and Visit Exhibits
10:00 – 11:00 a.m.	Should we re-think our Approach to Blood Pressure Control? <i>Ross M. Nesbit, MD</i>
11:00 – 11:45 a.m.	Practical approach to Diabetes Care/Latest Medications <i>Amit C. Vora, MD</i>
11:45 – 12:00 p.m.	Break and Visit Exhibits
12:00 – 12:45 p.m.	Latest Lung Cancer Treatments <i>David Aljadir, MD</i>
12:45 – 1:30 p.m.	Interesting Cases/Discussion <i>Internal Medicine Residents</i>
1:30 – 1:45 p.m.	Closing Remarks 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.	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"/> 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) ▶ _____ 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)		

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> <tr> <td colspan="9" style="text-align: center;">or</td> </tr> <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> </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																		or									Employer identification number									6	2	-	6	0	0	1	6	3									
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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
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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.