

# CALL FOR EXHIBITORS



## **Thirteenth Annual Hematology Conference:** *An Update on Selected ASH Topics*

**Saturday, February 4, 2017**  
**UT Conference Center**  
**Knoxville, Tennessee**

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

### **Topics for the 2017 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 3.**

**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**

**Thirteenth Annual Hematology Conference:**  
*Update on Selected ASH Topics*  
**Saturday, February 4, 2017**  
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](mailto:JRussomanno@utmck.edu)**

**THE UNIVERSITY OF TENNESSEE**  
**Continuing Education and Professional Development**



Date: October 24, 2016

To: Prospective Exhibitors

Re: Exhibiting at the Twelfth 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, **Thirteenth Annual Hematology Conference: An Update on Selected ASH Topics**. The conference will be held **February 4, 2017** 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 75 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 Diego on December 3-6, 2016.

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, MPH, CHES, CMP  
CME Coordinator

**Thirteenth Annual Hematology Conference: An Update on Selected ASH Topics**  
**Saturday, February 4, 2017**  
**UT Conference Center**  
**Knoxville, Tennessee**

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.*  
Director, Division of Coagulation  
Lombardi Cancer Center, Georgetown  
Washington DC

10:00 – 10:30 a.m.  
Break and Visit Exhibits

10:30 – 11:30 a.m.  
Multiple Myeloma  
*Jonathan Kaufman, M.D.*  
Assistant Professor of Hematology and  
Medical Oncology  
Emory University School of Medicine  
Atlanta, GA

11:30 a.m. – 12:30 p.m.  
Myelodysplastic Syndromes  
*Rami Komrojki, M.D.*  
Professor of Oncologic Sciences and  
Clinical Director  
H. Lee Moffitt Cancer Center and Research  
Institute  
Tampa, Florida

12:30 – 1:15 p.m.  
Luncheon Provided

1:15 p.m. – 2:15 p.m.  
Chronic Lymphocytic Leukemia  
*Michael Keating, M.B., B.S.*  
Clinical Professor  
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 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. <b>University of Tennessee</b>		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only <b>one</b> 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) ▶ _____ <b>Note.</b> 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) ▶ <b>University</b>		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.) <b>301 Andy Holt Tower</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>Knoxville, TN 37996</b>		<b>UT Graduate School of Medicine 1924 Alcoa Highway, Box D116 Knoxville, TN 37920</b>
	7 List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																																																						
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.																																																						
<b>Note.</b> 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.																																																						
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<b>Part II Certification</b>	
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.	
<b>Certification instructions.</b> 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.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>11/18/15</b>
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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](http://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.