

CALL FOR EXHIBITORS



Fifth Annual Medicine Conference:

Current Practices for Primary Care and Updates for Clinicians - 2017

March 24-25, 2017

Holiday Inn World's Fair Park, 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

- Describe new developments in management of common diseases, such as asthma, breast cancer, melanoma, headache, and chronic pain.
- Discuss interpretation of thyroid function tests, the rational use of Proton Pump Inhibitors for patients with chronic GERD, and new holistic therapies for difficult to manage patients.
- Identify dermatological conditions seen in primary care offices.
- Summarize treatment of insomnia and obesity, guidelines for vaccination in adults, and new pharmacological therapies in 2017.

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, March 23.

REGISTRATION FORM

**Fifth Annual Department of Medicine Conference
Friday-Saturday, March 24-25, 2017
Holiday Inn World's Fair Park, 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: DENISE BLAKE (865) 305-6823 or dblake@utmck.edu

THE UNIVERSITY OF TENNESSEE
Continuing Education and Professional Development



Date: December 7, 2016

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, Fifth **Annual Medicine Conference**. The conference will be held **March 24-25, 2017** 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 Fifth 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,

A handwritten signature in blue ink that reads "Denise Blake". The signature is written in a cursive style and is contained within a rectangular box.

Denise Blake, CMP
CME Coordinator

Fifth Annual Medicine Conference
Current Practices for Primary Care and Updates for Clinicians (10.25 hours)

Program Agenda

Friday, March 24, 2017

11:00 – 12:00 p.m.	Registration and Lunch (provided)
12:00 – 1:00 p.m.	Evaluation of Thyroid Function <i>William Law, MD</i>
1:00 – 1:45 p.m.	Headache: New Thoughts on an Old Problem <i>Norman Walton, MD</i>
1:45 – 2:00 p.m.	Break and Visit Exhibits
2:00 – 3:00 p.m.	New Screening and Treatment Strategies for Breast Cancer <i>Timothy Panella, MD</i>
3:00 – 3:45 p.m.	Surgical Management of Breast Cancer <i>Jillian Lloyd, MD</i>
3:45 – 4:00 p.m.	Break and Visit Exhibits
4:00 – 5:00 p.m.	Dermatology for the Primary Care Practitioner <i>Ronald Hamrick, MD</i>
5:00 – 5:45 p.m.	Latest Approaches to Melanoma Therapy <i>James Lewis, MD</i>
6:00 – 7:00 p.m.	Reception

Fifth Annual Medicine Conference
Current Practices for Primary Care and Updates for Clinicians (10.25 hours)

Program Agenda (Continued)

Saturday, March 25, 2017

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| 7:30 – 8:00 a.m. | Continental Breakfast (provided) |
| 8:00 – 9:00 a.m. | Rethinking Your Approach to Your More Difficult Patients
<i>Clayton Bell, MD</i> |
| 9:00 – 9:45 a.m. | Non-pharmacologic Therapy for Chronic Pain Patients
<i>Stephanie Vanterpool, MD</i> |
| 9:45 – 10:00 a.m. | Break and Visit Exhibits |
| 10:00 – 11:00 a.m. | Should I still use a PPI? Where to Go With Chronic GERD Patients
<i>Thomas Young, MD</i> |
| 11:00 – 11:45 a.m. | A Breath of Fresh Air: Novel Approaches to Asthma Therapy
<i>Robert Overholt, MD</i> |
| 11:45 – 12:00 p.m. | Break and Visit Exhibits |
| 12:00 – 1:30 p.m. | Small Feedings of the Mind <ol style="list-style-type: none"><i>New Drug Therapies for 2017</i>
<i>Danielle Dennis, Pharmacist Specialist</i><i>New Weight Loss Drugs</i>
<i>Danielle Dennis, Pharmacist Specialist</i><i>Why can't I Have My Ambien?</i>
<i>Judith Kinzy, MD</i><i>Vaccination Update</i>
<i>Internal Medicine Resident</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.	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 List account number(s) here (optional)	Requester's name and address (optional) UT Graduate School of Medicine 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:

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 ▶ 11/16/2016
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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.