

# CALL FOR EXHIBITORS



## Heart, Lung, Vascular Update for Primary Care Providers

**Friday, November 3, 2017**  
**UT Conference Center**  
**Knoxville, Tennessee**

Jointly-Provided by  
The University of Tennessee Medical Center Heart, Lung, Vascular Institute and  
The University of Tennessee Graduate School of Medicine

### Topics for the 2017 Conference

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

- Identify those patients that should be screened for abdominal aortic aneurysm.
- Recognize those patients that are candidates to be treated with drugs sacubitril-valsartan and ivabradine.
- Distinguish patients suffering from pulmonary hypertension.
- Formulate a treatment plan for patients with simultaneous indications for anticoagulant and anti-platelet drugs.

Primarily attended by healthcare professionals practicing in

- Primary Care
- Physician Assistants
- Pharmacists
- Nurses
- Nurse Practitioners
- Allied Health Professionals

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 Thursday, November 2<sup>nd</sup>.**

**REGISTRATION FORM**

**Heart, Lung, Vascular Update for Primary Care Providers**  
**Friday, November 3, 2017**  
UT Conference Center, Knoxville, Tennessee

Exhibitor Booth **FRIDAY ONLY** (includes **one** representative) **\$800**  
 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) 305-9190 or [DBlake@utmck.edu](mailto:DBlake@utmck.edu)**

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



Date: June 14, 2017

To: Prospective Exhibitors

Re: Exhibiting at the Heart, Lung, Vascular Update

**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 UTMC Heart, Lung, Vascular Institute are presenting an upcoming continuing medical education activity, **Heart, Lung, Vascular Update for Primary Care Providers**. The conference will be held **November 3, 2017** at the **UT Conference Center in Knoxville, Tennessee**.

You are invited to exhibit at this event. Exhibitors wishing to have a booth will be charged a fee of \$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 100 participants at this year's event.**

Screening methods and interventions are available, but underutilized, in the treatment of heart failure, abdominal aortic aneurysm (AAA), congestive heart failure (CHF), anti-coagulation, and hypertension. For example, heart failure affects an estimated 5.7 million patients in the United States with 870,000 new cases occur annually. Fifty percent of patients die within five years of diagnosis. Only forty-one percent of patients with the diagnosis of heart failure are prescribed the guidelines-based combination of ACE-Inhibitor, beta blocker, and mineralocorticoid therapy, a combination proven to improve mortality.

Only one percent of Medicare recipients eligible for screening for AAA receive this screening. The U.S. Preventive Services task force released guidelines for AAA screening in 2014, upon which the Medicare eligibility guidelines (documented to be underutilized above) were based.

The FDA approved sacubitril-valsartan for the treatment of CHF in July of 2015, however only 40,000 patients of the eligible 2.8 million received the drug in 2016. The 2016 ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure awarded sacubitril-valsartan a class 1, level of evidence B indication of CHF with reduced LVEF.

The *Heart, Lung, Vascular Update* will aid participants in the ability to recognize patients eligible for treatment and initiate these therapies and screening tests.

Using case-based examples and panel discussion, the *Heart, Lung, Vascular Update for Primary Care Providers* will provide direct contact with individuals focusing on these and other health related issues and subsequently offer guidance on treatment outcomes for patients.

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".

Denise Blake, MACE  
CME Coordinator

## 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) <b>UT Graduate School of Medicine</b>
	6 City, state, and ZIP code <b>Knoxville, TN 37996</b>	<b>1924 Alcoa Highway, Box D116</b> <b>Knoxville, TN 37920</b>
	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 *How to get a TIN* 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.

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]	
<b>or</b>	
<b>Employer identification number</b>	
6 2 - 6 0 0 1 6 3 6	

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

<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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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
- 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.