

45th Annual Eastern Shore Medical Symposium

June 20-24, 2022 | Rehoboth Beach, DE

Don't Miss This Special Exhibit Opportunity!

Dear Representative,

We are very excited to return in person to the Convention Center in Rehoboth Beach for the 45th *Annual Eastern Shore Medical Symposium*. The Eastern Shore Medical Symposium is a great place to meet expert faculty and primary care practitioners in a relaxed, educational setting.

This primary care oriented symposium presents a cohort of excellent speakers, covering the major areas of primary care practice with practical approaches to screening, diagnosis and management of a variety of diseases. Additional sessions and workshops address practice concerns in the current healthcare environment. This year's symposiums features cardiovascular topics, cancer screening updates, the latest on diabetes treatment and more.

The conference consistently attracts over 300 primary care practitioners from Delaware, Pennsylvania, Maryland, New Jersey and Virginia with additional representation from adjoining East Coast states.

On behalf of the Division of Professional & Continuing Studies at the University of Delaware, the Department of Family & Community Medicine at Sidney Kimmel Medical College and the Office of CPD at Thomas Jefferson University, we invite you to join us for this exceptional program and networking event. Please feel free to contact me with any questions.

Sincerely,



Bao Tram
CPD Project Manager

Thomas Jefferson University - Office of Continuing Professional Development
Jefferson Alumni Hall
1020 Locust Street, Suite M-5, Philadelphia, PA 19107
Email: bao.tram@jefferson.edu

45th Annual Eastern Shore Medical Symposium

SPONSOR REGISTRATION	Please complete the attached form.						
CONFERENCE DATES	Monday - Friday, June 20-24, 2022						
LOCATION	Rehoboth Beach Convention Center 229 Rehoboth Avenue Rehoboth Beach, Delaware 19971						
EXHIBIT LOCATION & TIMES	<p>The following times are dedicated exhibit times where food and beverage will be served:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>7:00AM - 8:00AM</td><td>Registration, Workshops & Continental Breakfast</td></tr> <tr> <td>9:40AM - 10:00AM</td><td>Morning Refreshment Break</td></tr> <tr> <td>12:30PM</td><td>Adjourn for the day</td></tr> </table> <p><i>*Exhibitors will be in a separate area from the education/meeting space</i></p>	7:00AM - 8:00AM	Registration, Workshops & Continental Breakfast	9:40AM - 10:00AM	Morning Refreshment Break	12:30PM	Adjourn for the day
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12:30PM	Adjourn for the day						
SET-UP TIME	Exhibit set-up can take place on Sunday, June 19, 2022 from 4:00PM until 6:00PM. The exhibit area will be available Monday through Friday starting at 6:30AM.						
BOOTH SIZE	All exhibits must be tabletop or portable in nature. Each exhibitor will be provided with a 6x3 foot table with table cover and two chairs.						
SPONSORSHIP LEVELS	<p><i>“Humpback Whale” Sponsorship – \$2,000 and above</i></p> <ul style="list-style-type: none"> ○ Recognition as a top sponsor on our website and press releases with company name and logo (<i>this will be on a separate page from accredited content</i>) ○ Attendee email list ○ Acknowledgement by Conference Coordinator during welcome ○ Premium positioning of exhibit booth ○ Acknowledgement on signage in registration area ○ Breakfast for two at conference ○ Recognition in email blast(s) ○ Full page color ad placed in exhibitor directory <p><i>“Bottlenose Dolphin” Sponsorship – \$1,000</i></p> <ul style="list-style-type: none"> ○ Recognition as a sponsor on our website and press releases with company name and logo (<i>this will be on a separate page from accredited content</i>) ○ Acknowledgement by Conference Coordinator during welcome ○ Premium positioning of exhibit booth (if attending) ○ Acknowledged on signage in registration area ○ Breakfast for two at conference ○ Recognition in email blast(s) ○ Half-page color ad placed in exhibitor directory <p><i>“Striped Bass” Sponsorship – \$800</i></p> <ul style="list-style-type: none"> ○ Recognition as a sponsor on our website (<i>this will be on a separate page from accredited content</i>) ○ Opportunity to exhibit (if attending) ○ Acknowledgement on signage in registration area ○ Recognition in email blast(s) 						

	<p><i>“Blue Crab” Sponsorship – \$500</i></p> <ul style="list-style-type: none"> ○ Recognition as a sponsor on our website ○ Acknowledgement on signage in registration area ○ Recognition in email blast(s) and/or social media post(s) <p><i>Donations of Goods and/or Services</i></p> <ul style="list-style-type: none"> ○ Gift basket opportunities – Provide a basket featuring your company’s products. We’ll offer this as a door prize to our attendees. ○ Event swag opportunities – Provide seat cushions, lanyards, t-shirts or water bottles to all 300 attendees. ○ Coffee break – Does your business make coffee, juice or pastries? Come provide your products during the morning or afternoon breaks. There are five morning and five afternoon break opportunities throughout the week. Don’t sell coffee, snacks or pastries? No problem! Donate \$100-\$500 and we’ll provide it in your name. ○ Ice cream or treats – Does your business make ice cream or other treats? Come provide your products at the close of the session at noon. ○ Don’t sell treats? – No problem! Donate \$100-\$500 and we’ll provide refreshments or treats in your name. <p><i>Other ideas are welcome!</i> Contact Bao Tram at bao.tram@jefferson.edu.</p>
ELECTRICITY	Please email your electrical needs for your exhibit booth to Bao Tram at bao.tram@jefferson.edu by June 10, 2022. <i>Additional fees may apply.</i>
SHIPPING	<p>Exhibit materials can be shipped directly to the Rehoboth Beach Convention Center no sooner than <u>Saturday, June 19, 2022</u>. Boxes should be marked as follows:</p> <p style="padding-left: 40px;"> Rehoboth Beach Convention Center 229 Rehoboth Avenue Rehoboth Beach, Delaware 19971 Attn: Exhibitor Name/Company Attn: 45th Annual Eastern Shore Medical Symposium Box ____ of ____ </p> <p><i>**Please notify Bao Tram in the Jefferson Office of CPD of all shipped packages.</i></p>
ACCOMMODATIONS	<p>HOTEL ROOMS AVAILABLE -</p> <p><i>Please make hotel reservations as soon as possible, as room blocks fills quickly.</i> For a list of accommodations with discounted rates, please visit: http://www.pcs.udel.edu/esms/accommodations/</p>
SUNSHINE ACT	<p>The Parties acknowledge and agree that Exhibiting Company may be subject to Section 6002 of the Affordable Care Act, which added Section 1128G to the Social Security Act, and its implementing regulations codified in 42 CFR 402 & 403 (collectively the “Sunshine Act”).</p> <p>Exhibiting companies are solely responsible for collecting any information about actions within their exhibit space that constitutes a payment or transfer of value to a Covered Recipient that is required to be reported under the Sunshine Act.</p>

EXHIBITOR RULES	<p>Exhibitors acknowledge that:</p> <ul style="list-style-type: none"> • Exhibitor is not furnishing commercial support for this conference, exhibitor is buying exhibit space. • All exhibits must be tabletop or portable in nature. • Exhibitor activities are restricted to the allocated space at the conference. Distribution of educational/promotional materials by exhibitors is limited to their booth space in the exhibit area. It is not permitted anywhere else in the hall, in conference meeting space, or at the entrances to the conference meeting space. • Exhibits are intended for informational purposes. Products should not be sold on site. • Photography by exhibitors that includes pictures of the overall conference and/or its attendees is prohibited. • The purpose of the exhibit is to further the education of meeting attendees through product and service displays and demonstrations. Exhibitor personnel may observe, but must refrain from any participation or recording of any scientific sessions on that company's behalf. • The conference is not responsible for the security of exhibitors' materials. We suggest that exhibitors leave nothing of value (e.g., laptop computer, audio visual equipment, etc.) unattended at any time in the exhibit hall.
EVENT CANCELLATION POLICY	<p>In the event that the symposium is canceled by the organizers, exhibit fees will be refunded in full but the symposium organizers are not responsible for other expenses incurred by the exhibitor.</p> <p>In the event an exhibitor cancels participation, refunds will be made as follows: prior to June 10, a refund will be given minus a \$350 administration fee. After June 10, no refund will be given. Exhibit cancellations must be made in writing. Exhibitors who are absent from the conference will not receive a refund. Send cancellation notice bao.tram@jefferson.edu and include name of activity in subject line.</p>
CONTACT	<p>Bao Tram, CPD Project Manager Office of Continuing Professional Development Thomas Jefferson University Jefferson Alumni Hall 1020 Locust Street, Suite M-5 Philadelphia, PA 19107 bao.tram@jefferson.edu</p>

Exhibitor Payment Options

45th Annual Eastern Shore Medical Symposium

Monday-Friday, June 20-24, 2022

Rehoboth Beach Convention Center, 229 Rehoboth Avenue, Rehoboth Beach, Delaware 19971

Payment is due on or before June 20, 2022.

SPONSORSHIP LEVEL:

- ☐ "Humpback Whale" Sponsorship – \$2,000 and above
- ☐ "Bottlenose Dolphin" Sponsorship – \$1000
- ☐ "Striped Bass" Sponsorship – \$800
- ☐ "Blue Crab" Sponsorship – \$500

Company Contact: _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

Please make check payable to **Thomas Jefferson University**, or provide credit card information below. Do not send cash. Application will not be processed unless full payment is received.

CHECK PAYMENT:

- ☐ Check # _____ is enclosed.

Mail to:

45th Annual Eastern Shore Medical Symposium
Office of CPD at Thomas Jefferson University
Jefferson Alumni Hall
1020 Locust Street, Suite M-5
Philadelphia, PA 19107

CREDIT CARD PAYMENT:

I hereby authorize use of my: ☐ Amex ☐ Visa ☐ Mastercard

Amount \$ _____

Account Number:

Expiration Date:

Cardholder's Name:

Signature:

Billing Address:

Please fax completed form to 215-923-3212 or contact Bao Tram at bao.tram@jefferson.edu for other payment options.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. THOMAS JEFFERSON UNIVERSITY	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ► NON-FOR-PROFIT 501C3	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 1 Exemption from FATCA reporting code (if any) A <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. 1101 MARKET STREET, SUITE 2004	Requester's name and address (optional)
	6 City, state, and ZIP code PHILADELPHIA, PA 19107	
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.


Social security number									
			-				-		
or									
Employer identification number									
2	3		-	1	3	5	2	6	5 1

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 for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 08/03/2021
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Yevgeniy Shcherbakov, Acct. Manager

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.