Dear Representative,

On behalf of the Jefferson program course directors, Dr. Serge Jabbour and Dr. Jeffrey Miller, I would like to formally invite your company to exhibit at this exciting event, the 6th Annual Diabetes Symposium: New Advances and Trends on Friday, October 6, 2017, at the Dorrance H. Hamilton Building on the campus of Thomas Jefferson University.

The 6th Annual Diabetes Symposium: New Advances and Trends has been specifically designed to include in-depth presentations on a myriad of hot topics, including keynote lectures on type 1 and 2 diabetes management as well as transplant-induced diabetes, LADA, MODY & Others. In addition, the program will provide intensive insulin education and patient case discussions.

As an exhibitor at this event, you will have the opportunity to personally share your product information directly with approximately 130 medical practitioners representing hospital-based and office-based practices from the greater Philadelphia and tri-state area. Exhibitors will have several opportunities to converse with attendees during breakfast and breaks. There will be three levels of exhibiting opportunities: Gold Level, Silver Level, and Bronze Level:

• **Gold Level $7,000**
  o Choice of Premium Exhibit Booth location in Exhibit Area (*first come, first serve basis*)
  o 2 full page color company advertisements in Exhibitor Directory
  o Acknowledgement posted online via a Virtual Exhibit Hall and emailed to all participants before and after the conference.
  o Individual company acknowledgement signage
  o Special name badge designation,
  o 6 company representatives at the table
  o 4 complimentary conference attendees,
  o PowerPoint slideshow acknowledgement
  o Company listing in printed Exhibitor Directory
  o One 6ft draped tables
• **Silver Level $5,000**
  o 1 full page color company advertisement in Exhibitor Directory
  o Up to 4 company representatives
  o 3 complimentary conference attendees
  o PowerPoint slideshow acknowledgement
  o Company listing in printed Exhibitor Directory
  o One 6ft draped table

• **Bronze Level $3,000**
  o 1 half page, black and white company advertisement in Exhibitor Directory
  o Up to 2 company representatives
  o PowerPoint slideshow acknowledgement
  o Company listing in printed Exhibitor Directory
  o One 6ft draped table

Exhibit fees can be mailed to the Office of CME at Thomas Jefferson University, Jefferson Alumni Hall, Office of CME, 1020 Locust Street, Suite M-5 Philadelphia, PA 19107. Our tax ID number: 23-135-2651. Please make checks payable to: Thomas Jefferson University, Office of CME. Visa and MasterCard is also accepted.

We hopeful you will join us as an exhibitor for this exceptional Diabetes program and important networking event, most appropriately deserving of your participation and support!

Sincerely,

Patti Shaughnessy
Senior CME Planner
Sidney Kimmel Medical College at Thomas Jefferson University
(Phone) 215-955-2490
(Email) Patricia.Shaughnessy@jefferson.edu

*Please note that Jefferson Medical College/Thomas Jefferson University is not listed as a covered recipient on the CMS/Sunshine Act list. Questions about Jefferson’s status may be directed to Dr. Cole, Assistant Dean for CME.*
# 6th Annual Diabetes Symposium - Exhibitor Information

## Conference Location:
Dorrance H. Hamilton Building, Connelly Auditorium  
1001 Locust Street  
Philadelphia, PA 19107

## Exhibit Location/ Times:
Representatives may begin exhibiting at **7:00AM** on **Friday, October 6, 2017**. The exhibit hall will be open throughout the conference, however the following times are dedicated exhibit times where food and beverage will be served:

**Friday, October 6, 2017**
- 7:00AM - 8:00AM: Registration, Continental Breakfast & Exhibits
- 10:10AM - 10:40AM: Break & Exhibits
- 12:20PM - 1:20PM: Lunch & Exhibits

## Exhibitor Rules:
- 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.

### Cancellation by the Conference Organizers
In the event that the Conference would have to be cancelled, the organizers are not responsible for any airfare, hotel, and/or other costs incurred by exhibitors.

## Exhibit Set & Breakdown Times:
Exhibit Set-up can begin at **6:30AM** on **Friday, October 6, 2017**. 
Exhibit breakdown must be completed by **3:00PM** on **Friday, October 6, 2017**.

## Exhibit Levels & Recognition:

### Gold Level $7,000
- Choice of Premium Exhibit Booth location in Exhibit Area (first come, first serve basis)
- 2 full page (8.5 x 11), color company advertisements in Exhibitor Directory  
  **Due: September 22, 2017** - Ad specifications: PDF format, letter size (8.5x11), no bleed, preferably with a border.
- Acknowledgement posted online via a Virtual Exhibit Hall and emailed to all participants before/after the conference.
- Individual company acknowledgement signage
- Special name badge designation,
- 6 company representatives at exhibit table
- 4 complimentary conference attendees for company reps/employees
- PowerPoint slideshow acknowledgement
- Company listing in printed Exhibitor Directory
- One 6ft draped table

### Silver Level $5,000
- 1 full page, black and white company advertisement in Exhibitor Directory  
  **(Due: September 22, 2017)** - Ad specifications: PDF format, letter size (8.5x5.5), no bleed, preferably with a border.
- 4 company representatives at exhibit table
- 3 complimentary conference attendees for company reps/employees
## 6th Annual Diabetes Symposium - Exhibitor Information

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
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<td><strong>Electrical Needs &amp; Shipping Information:</strong></td>
</tr>
<tr>
<td>Please notify Patti Shaughnessy prior to shipping: Shipments will be accepted at the Jefferson Alumni Hall Loading Dock 2 days prior to conference, no earlier than Wednesday, October 4, 2017. Be sure to label them accordingly.</td>
<td>Attn: Patti Shaughnessy Diabetes Symposium 2017 - Saturday October 6, 2017 Jefferson Alumni Hall 1020 Locust Street, Suite M-5 Philadelphia, PA 19107 Box 1 of _____</td>
</tr>
<tr>
<td>Electrical services are included in the exhibit fee. Each company is responsible for communicating their electrical needs to Patti Shaughnessy via email to <a href="mailto:Patricia.Shaughnessy@jefferson.edu">Patricia.Shaughnessy@jefferson.edu</a>.</td>
<td>Please note that all company representatives are solely responsible for coordinating return shipping at the conclusion of the conference.</td>
</tr>
<tr>
<td>Payment:</td>
<td>Please make check payable to: Thomas Jefferson University, Office of CME Mail to: Office of CME Jefferson Alumni Hall 1020 Locust Street, Suite M-5 Philadelphia, PA 19107 Visa and MasterCard are also accepted. AMEX is not accepted. Please complete the attached Exhibitor Payment Form.</td>
</tr>
<tr>
<td><strong>Sunshine Act</strong></td>
<td>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 &amp; 403 (collectively the “Sunshine Act”). 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.</td>
</tr>
<tr>
<td><strong>Questions?</strong></td>
<td>Please contact Patti Shaughnessy at 215-955-2490 or <a href="mailto:patricia.shaughnessy@jefferson.edu">patricia.shaughnessy@jefferson.edu</a></td>
</tr>
<tr>
<td><strong>REGISTER ONLINE</strong></td>
<td>To register as an exhibitor please visit: <a href="http://jeffline.jefferson.edu/jeffcme/MEDICINE/">http://jeffline.jefferson.edu/jeffcme/MEDICINE/</a></td>
</tr>
</tbody>
</table>
EXHIBITOR CREDIT CARD PAYMENT FORM

6th Annual Diabetes Symposium 2017
Friday, October 6, 2017
Dorrance H. Hamilton Building
1001 Locust Street • Philadelphia, PA 19107

Exhibit Fee: Indicate your level of exhibit:

□ Gold Level $7,000  □ Silver Level $5,000  □ Bronze Level $3,000

Payment is due on or before September 29, 2017

__________________________________________________________

Company Name: ____________________________________________

Company Representative (to contact with questions): ______________

Phone Number: ________________________

Email Address: ____________________________________________

I hereby authorized use of my:
American Express is NOT accepted

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<tr>
<th>Visa □</th>
<th>Mastercard □</th>
<th>Amount $ ____________</th>
</tr>
</thead>
</table>

Account Number:                         Expiration Date: 

Cardholder’s Name:                      Signature: 

Credit Card Billing Address:
(include City, State and Zip)

Email Address: 
A copy of the receipt will be sent upon processing

Fax
You may fax your application with Credit Card payment to 215-923-3212

E-Mail
Send completed form to patricia.shaughnessy@jefferson.edu

ONLINE EXHIBITOR REGISTRATION MUST ALSO BE COMPLETED
TO COMPLETE VISIT http://jeffline.jefferson.edu/jeffcme/MEDICINE/
Request for Taxpayer Identification Number and Certification

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/description of entity name, if different from above

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   □ Individual/sole proprietor or single-member LLC
   □ C Corporation
   □ S Corporation
   □ Partnership
   □ Trust/estate
   □ Limited liability company. Enter the tax classification (C, S, or partnership).
   □ Other (see instructions) □

   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.

4. Exemptions (codes apply only to certain entities. Not individuals, see instructions on page 3):
   Exempt payee code (if any) 501C3
   Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt or suite no.)
   1020 WALNUT STREET

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 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.

Social security number

Employer identification number

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 □
Mark Leacle, Asst Controller □
Date □
9/1/2016 □

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/fw-9

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 amounts 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, you 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.