2nd Annual Jefferson Sialendoscopy Course
Featuring Hands-On Dissection Lab

Don’t miss this opportunity!

Dear Representative,

On behalf of the Thomas Jefferson University Department of Otolaryngology - Head & Neck Surgery, and the Course Directors, David M. Cognetti, MD and Joseph M. Curry, MD, I would like to formally invite your company to exhibit at the 2nd Annual Jefferson Sialendoscopy Course on Friday, November 16, 2018 at Jefferson Alumni Hall, on the campus of Thomas Jefferson University.

Specifically designed for healthcare professionals who currently perform, or wish to perform, sialendoscopy, this course will provide an introduction to the equipment and techniques necessary to incorporate this minimally invasive procedure into practice.

Faculty comprised of distinguished national experts specializing in sialendoscopy will examine approaches to the diagnosis, management, and treatment of salivary gland disorders through in-depth case-based discussion, identification of the tools needed to incorporate the techniques, and an immersive hands-on cadaver dissection.

We are pleased to offer a variety of exhibit opportunities, providing you with access to personally share your product information directly with healthcare professionals specializing in otolaryngology and oral and maxillofacial surgery. Healthcare professionals representing hospital-based and office based practices from the greater Philadelphia and tri-state area will be in attendance. Exhibitors will have several opportunities to converse with attendees including during breakfast, breaks, and over lunch.

There will be three levels ** of exhibiting opportunities: Gold Level, Silver Level, and Bronze Level.

**Gold Level** - $7,000
- 1 full page, color company advertisement in Exhibitor Directory
  **(Due: Friday, October 26, 2018)**
  - PDF format, letter size (8.5 by 11), no bleed, preferably with a border
- Prime exhibit location
- Up to 4 company representatives
- 3 complimentary conference attendees
- PowerPoint slideshow acknowledgement
- Company listing in printed Exhibitor Directory
- One 6ft draped table

**Silver Level** - $5,000
- 1 half page, black and white
  **(Due: Friday, October 26, 2018)**
  - Ad specifications: PDF format, letter size (8.5 by 5.5), no bleed, preferably with a border.
- Up to 3 company representatives
- 2 complimentary conference attendees
- PowerPoint slideshow acknowledgement
- Company listing in printed Exhibitor Directory
- One 6ft draped table

**Bronze Level - $3,000**
- Up to 2 company representatives
- PowerPoint slideshow acknowledgement
- Company listing in printed Exhibitor Directory
- One 6ft draped table

Exhibit fees can be mailed to the Office of CME at Sidney Kimmel Medical College, 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: Sidney Kimmel Medical College, Office of CME. Visa, MasterCard and American Express is also accepted.

We are hopeful that you will join us as an exhibitor this year for this exceptional program and important networking event, most appropriately deserving of your participation and support. Please feel free to contact me with any questions you may have. I can be reached by phone at 215-955-2477, by fax at 215-923-3213, or via email at Ariel.Levine@jefferson.edu

Sincerely,

Ariel Levine
CME Planner
Office of Continuing Medical Education
Sidney Kimmel Medical College at Thomas Jefferson University
1020 Locust Street, Suite M-5
Philadelphia, PA 19107
(Phone) 215-955-2477
(Fax) 215-923-3212
Ariel.Levine@jefferson.edu

*Please note that Sidney Kimmel 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.

**Additional exhibit opportunities available. Please call the Office of CME at 215-955-2477 for further details.**
## Exhibitor Information

### 2nd Annual Jefferson Sialendoscopy Course

| Conference Location: | Jefferson Alumni Hall  
| | 1020 Locust Street  
| | Philadelphia, PA 19107 |

| Exhibit Location/ Times: | Representatives may begin exhibiting at 7:15AM on Friday, November 16, 2018. 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, November 16, 2018**  
| | 7:30AM - 8:00AM  
| | Registration, Continental Breakfast & Exhibits  
| | 9:20AM - 9:45AM  
| | Break & Exhibits  
| | 11:45AM - 12:30PM  
| | Lunch & Exhibits  
| | 1:30PM - 1:45PM  
| | Break with Refreshments & Exhibits / Lab Prep Time  

For more information, please click on the below Exhibitor Registration link: [http://jeffline.jefferson.edu/jeffcmemo/otorolaryngology/exhibitors-sialendoscopy.cfm](http://jeffline.jefferson.edu/jeffcmemo/otorolaryngology/exhibitors-sialendoscopy.cfm)

### Exhibitor Rules:

All exhibits must be tabletop or portable in nature. **Exhibitor is NOT furnishing commercial support for this conference, Exhibitor is buying exhibit space.**

- 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.

### Sunshine Act

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”).

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.

| Exhibit Set & Breakdown Times: | Exhibit Set-up can begin on Friday, November 16, 2018 at 7:15AM. **Subject to Change**  
| | Exhibit breakdown must be completed by 4:30PM on Friday, November 16, 2018. |
**Exhibit Levels & Recognition:**

**Gold Level - $7,000**
- 1 full page, color company advertisement in Exhibitor Directory  
  *(Due: Friday, October 26, 2018)*
  - Ad specifications: PDF format, letter size (8.5 by 11), no bleed, preferably with a border
- Prime exhibit location
- Up to 4 company representatives
- 3 complimentary conference attendees
- PowerPoint slideshow acknowledgement
- Company listing in printed Exhibitor Directory
- One 6ft draped table

**Silver Level - $5,000**
- 1 half page, black and white company advertisement in Exhibitor Directory  
  *(Due: Friday, October 26, 2018)*
  - Ad specifications: PDF format, letter size (8.5 by 5.5), no bleed, preferably with a border.
- Up to 3 company representatives
- 2 complimentary conference attendees
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- Company listing in printed Exhibitor Directory
- One 6ft draped table

**Bronze Level - $3,000**
- Up to 2 company representatives
- PowerPoint slideshow acknowledgement
- Company listing in printed Exhibitor Directory
- One 6ft draped table

****Additional exhibit opportunities available. Please call the Office of CME at 215-955-2477 for further details.**

**Payment:**

Please make check payable to: Thomas Jefferson University, Office of CME  
Mail to: SKMC Office of CME  
Jefferson Alumni Hall  
1020 Locust Street, Suite M-5  
Philadelphia, PA 19107

*Visa, MasterCard and American Express are also accepted. Payment in full is required with registration. If paying with company check, Credit Card information will be required to hold space. (Credit Card will be charged on November 16th if another payment method is not received)*

**Electrical Needs/Shipping Information/Storage:**

Electrical services are included in the exhibit fee. Each company is responsible for communicating their electrical needs to Ariel Levine no later than Tuesday, November 13, 2018.

Shipments will be accepted at the Jefferson Alumni Hall Loading Dock 3 days prior to conference, no earlier than Tuesday, November 13, 2018. Be sure to label them accordingly.

Name of Company and On-site Contact  
Attn: Ariel Levine/OCME  
Jefferson Alumni Hall  
1020 Locust Street - Suite M5  
Philadelphia, PA 19107  
2nd Annual Jefferson Sialendoscopy Course  
Box _____ of _____
Please note that all company representatives are solely responsible for coordinating return shipping at the conclusion of the conference. All packages should be packed, taped, and left at the registration desk. Please be sure to notify your carrier when your shipment is ready.

Sidney Kimmel Medical College Office of CME does not accept any liability for equipment, goods, displays, or other materials which arrive unmarked or fail to arrive at the conference location. Each exhibiting company is responsible for insuring its property for loss or damage.

Should your company require any other needs regarding your exhibit, contact Ariel Levine at 215-955-2477 or ariel.levine@jefferson.edu

Exhibit pictures are restricted to exhibit area only.
Exhibitors may not conduct promotional activities within the educational session room.
EXHIBITOR CREDIT CARD PAYMENT FORM

2nd Annual Jefferson Sialendoscopy Course
Friday, November 16, 2018
Jefferson Alumni Hall, On the Campus of Thomas Jefferson University

Company Name: ______________________________________________________

Company Representative (to contact with questions): _____________________________

Phone Number: ________________________________

Email Address: ________________________________

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 November 16, 2018

I hereby authorized use of my: [ ] Visa [ ] Mastercard [ ] American Express

<table>
<thead>
<tr>
<th>Amount $</th>
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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 Ariel.Levine@jefferson.edu

ONLINE EXHIBITOR REGISTRATION MUST ALSO BE COMPLETED

TO COMPLETE VISIT
http://jeffline.jefferson.edu/jeffcme/otolaryngology/exhibitors-
sialendoscopy.cfm
## 2nd Annual Jefferson Sialendoscopy Course

**Friday, November 16, 2018**

Jefferson Alumni Hall * 1020 Locust Street, Philadelphia, PA 19107

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### Preliminary Agenda - Subject to Change

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>7:30AM - 8:00AM</td>
<td>Registration, Continental Breakfast, &amp; Exhibits</td>
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<tr>
<td>8:00AM - 8:10AM</td>
<td>Welcome and Opening Remarks</td>
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<tr>
<td>8:10AM - 8:25AM</td>
<td>History of Sialendoscopy</td>
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<td>8:25AM - 8:40AM</td>
<td>Salivary Anatomy</td>
</tr>
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<td>8:40AM - 9:00AM</td>
<td>Radiographic Workup</td>
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<td>9:00AM - 9:20AM</td>
<td>Indications and Contraindications for Sialendoscopy</td>
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<tr>
<td>9:20AM - 9:45AM</td>
<td><strong>Break with Refreshments &amp; Exhibits</strong></td>
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<tr>
<td>9:45AM - 10:05AM</td>
<td>Endoscopic Management of Stones</td>
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<tr>
<td>10:05AM - 10:25AM</td>
<td>Hybrid Techniques - Submandibular Gland (SMG)</td>
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<tr>
<td>10:25AM - 10:45AM</td>
<td>Hybrid Techniques - Parotid</td>
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<tr>
<td>10:45AM - 11:05AM</td>
<td>Strictures and Inflammatory Disorders</td>
</tr>
<tr>
<td>11:05AM - 11:25AM</td>
<td>Gland Excision and Reconstruction</td>
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<tr>
<td>11:25AM - 11:45AM</td>
<td>Complications</td>
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<tr>
<td>11:45AM - 12:30PM</td>
<td>Lunch &amp; Exhibits</td>
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<tr>
<td>12:30PM - 1:00PM</td>
<td>Panel - Case Presentations</td>
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<tr>
<td>1:00PM - 1:15PM</td>
<td>Equipment</td>
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<tr>
<td>1:15PM - 1:30PM</td>
<td>Dilation</td>
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<tr>
<td>1:30PM - 1:45PM</td>
<td><strong>Break with Refreshments &amp; Exhibits / Lab Prep Time</strong></td>
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<tr>
<td>1:45PM - 4:30PM</td>
<td>Dissection Lab -</td>
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<td></td>
<td>- Dilation of punctum</td>
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<td>- Endoscopic stone retrieval</td>
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<td>- Hybrid techniques</td>
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<td></td>
<td>- Transoral parotid duct advancement</td>
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<td></td>
<td>- Ultrasound for salivary disorders</td>
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<tr>
<td>4:30PM</td>
<td>Closing Remarks</td>
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Form W-9
Request for Taxpayer Identification Number and Certification

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

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
   THOMAS JEFFERSON UNIVERSITY

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.
   □ Individual/sole proprietor or single-member LLC
   □ C Corporation
   □ S Corporation
   □ Partnership
   □ Trust/estate
   □ Limited liability company. Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership).
   □ Other (see instructions)

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   Exemption code (if any) 501C3
   Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.) See instructions.
   1020 Walnut Street
   City, state, and ZIP code
   Philadelphia, PA 19107

6. 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.

Social security number

or

Employer identification number

231 - 1352651

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 failure to report all interest or dividends, or (c) the IRS has notified me (or my financial institution) 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

Mark Letache, Asst. Controller

Date 1/2/2018

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)