

5th Annual Jefferson Sialendoscopy Course

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 *5th Annual Jefferson Sialendoscopy Course* on Saturday, September 10, 2022 at Jefferson Alumni Hall, on the Center City 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.

As an exhibitor at this event, you will have the opportunity to personally share your product information directly with 100 practicing physicians and other healthcare professionals specializing in otolaryngology and oral and maxillofacial surgery from the United States and around the globe. Exhibitors will have several opportunities to converse with attendees including during breakfast, breaks, and over lunch.

This year we will be offering two levels of in person exhibits, Gold and Silver. All of the details and benefits of each level can be found in the attached packet.

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 via email at Ariel.Levine@jefferson.edu.

Sincerely,

Ariel Levine

ariel Levine

Senior CPD Planner, Office of Continuing Professional Development

Thomas Jefferson University

1020 Locust Street, Suite M-5, Philadelphia, PA 19107

Ariel.Levine@jefferson.edu

*Please note that the 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 jeffersoncpd@jefferson.edu





Offered in conjunction with the AAO-HNSF 2022 Annual Meeting & OTO Experience

Exhibitor Information

5th Annual Jefferson Sialendoscopy Course

Canfarance Date:	Catuaday, Cantambay 10, 2022							
Conference Date:	Saturday, September 10, 2022							
Conference Location:	Jefferson Alumni Hall (on the Center City campus of Thomas Jefferson University) 1020 Locust Street Philadelphia, PA 19107							
Exhibit Location/ Times:	Representatives may begin exhibiting at 7:00AM on Saturday , September 10 , 2022 . The exhibit hall will be open throughout the conference; however the following times are dedicated exhibit times where food and beverage will be served: Saturday, September 10, 2022 7:00AM - 8:00AM Registration, Continental Breakfast & Exhibits							
	9:30AM - 9:50AM AM Break & Exhibits							
	11:25AM - 12:05PM							
Exhibitor Rules:	For more information, please click on the below Exhibitor Registration link: http://jeffline.jefferson.edu/jeffcme/otolaryngology/exhibitors-sialendoscopy.cfm All exhibits must be tabletop or portable in nature. Exhibitor is NOT furnishing							
<u>Extribitor Rutes.</u>	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. Exhibit pictures are restricted to exhibit area only. 							
	Exhibitors may not conduct promotional activities within the educational session room.							
	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.							

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Exhibit Set &	Exhibit Set-up can begin on Saturday, September 10, 2022 at 6:45AM. Subject							
Breakdown Times:	to Change Exhibit breakdown must be completed by 4:30PM on Saturday, September 10							
	Exhibit breakdown must be completed by <u>4:30PM on Saturday, September 10,</u> <u>2022</u> .							
	<u>2022</u> .							
Exhibit Levels &	Gold Level - \$2,500							
Benefits:	• Choice of Premium Exhibit Booth location in Exhibit Area (first come, first							
benefits.	serve basis)							
	 2 full page, color company advertisement in Exhibitor Directory (Due: 							
	August 10, 2022) - Ad specifications: PDF format, letter size (8.5 by 11),							
	bleed, preferably with a border							
	 Special name badge designation 							
	 Up to 4 company representatives 							
	 PowerPoint slideshow acknowledgement 							
	Company listing in printed Exhibitor Directory							
	One 6ft draped table							
	Attendee List (for attendees who have provided consent to have their							
	information shared)							
	Silver Level \$1 500							
	Silver Level - \$1,500							
	 Up to 2 company representatives PowerPoint slideshow acknowledgement 							
	 PowerPoint stideshow acknowledgement Company listing in printed Exhibitor Directory 							
	 Company disting in printed Exhibitor Directory One 6ft draped table 							
	Attendee List (for attendees who have provided consent to have their							
	information shared)							
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Exhibitor	To secure your spot, please click on the below Exhibitor Registration link and							
Registration:	complete the online registration:							
	http://jeffline.jefferson.edu/jeffcme/otolaryngology/exhibitors-sialendoscopy.cfm							
Payment:	Please make check payable to: Thomas Jefferson University, Office of CPD							
	Mail to: TJU Office of CPD							
	Jefferson Alumni Hall							
	1020 Locust Street, Suite M-5							
	Philadelphia, PA 19107 *Visa MasterCard and American Express are also accepted. Payment in full is							
	*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							
	September 10 th if another payment method is not received)							
Electrical Needs/	Electrical services are included in the exhibit fee. Each company is responsible for							
Shipping	communicating their electrical needs to Jefferson CPD no later than September 1 ,							
Information/	2022							
Storage:								
	Shipments will be accepted at the Jefferson Alumni Hall Loading Dock 3 days prior							
	to conference, no earlier than Wednesday, September 7, 2022 . Be sure to label							
	them accordingly.							
	Name of Company and On-site Contact							
	Attn: OCPD							
	Jefferson Alumni Hall 1020 Locust Street - Suite M5							
	Philadelphia, PA 19107							
	TJU-Sialendoscopy Course - EXHIBIT							
	Box of							
	50%							
	Please note that all company representatives are solely responsible for							
	coordinating return shipping at the conclusion of the conference. Please be							
	sure to notify your carrier when your shipment is ready.							
	,,,							

	Thomas Jefferson University Office of CPD 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.			
Cancellation & Refund Policy:	Requests for exhibitor fee refunds must be submitted in writing and received by the Office of CPD two weeks prior to the start date of the course. There will be no refunds after this period. Cancellations notified before the two-week period will incur a 10% administration fee. Exhibitors who fail to attend the conference are responsible for the entire fee. All refunds will be processed after the conference.			
	Submit refund requests to: Office of CPD Thomas Jefferson University Jefferson Alumni Hall 1020 Locust Street, Suite M-5 Philadelphia, PA 19107			
	Or by email to jeffersoncpd@jefferson.edu - please include the activity name in the subject line.			
Questions?	Should your company require any other needs regarding your exhibit at the 5 th Annual Sialendoscopy Course, please contact Ariel Levine by email at Ariel.Levine@jefferson.edu.			



EXHIBITOR CREDIT CARD PAYMENT FORM

5th Annual Jefferson Sialendoscopy Course Saturday, September 10, 2022 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 \$2,500							
	•						
☐ Silver	Level \$1,	500					
	<u>Pay</u>	ment is due on o	r before Se	ptember 10,	<u>2022</u>		
I hereby authorized use of my:	Visa □	Mastercard	American	Express	Amount \$		
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 pr	ocessing					
E-Mail: Send completed for	rm to <u>Ariel.</u>	Levine@jefferson.	edu				

ONLINE EXHIBITOR REGISTRATION MUST ALSO BE COMPLETED

TO COMPLETE VISIT

http://jeffline.jefferson.edu/jeffcme/otolaryngology/exhibitorssialendoscopy.cfm



Request for Taxpayer Identification Number and Certification

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

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

	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										
Print or type. Specific Instructions on page 3.	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.					4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC						Exempt payee code (if any)1				
	☐ 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.					code (if any)					
eci	✓ Other (see instructions) ► NON-FOR-PROFIT 501C3		(Applies to accounts maintained outside the U.S.)								
Sp	5 Address (number, street, and apt. or suite no.) See instructions. 1101 MARKET STREET, SUITE 2004				dress	(optiona	l)				
3ee											
0,	6 City, state, and ZIP code										
	PHILADELPHIA, PA 19107										
	7 List account number(s) here (optional)										
Par	t I Taxpayer Identification Number (TIN)										
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	<u> </u>	cial s	ecurity r	numb	er					
	p withholding. For individuals, this is generally your social security number (SSN). However, f nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	or a									
	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	et a									
TIN, later.											
	If the account is in more than one name, see the instructions for line 1. Also see What Name	and En	nploye	yer identification number							
Number To Give the Requester for guidelines on whose number to enter.				- 1	3	5 2	6 5	1			
Par	Certification	· · · · · · · · · · · · · · · · · · ·									
Under	penalties of perjury, I certify that:										
2. I an Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding; and) I have not	been	notified	l by t	he Inte					
3. I an	n 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	ng is correct									
	cation instructions. You must cross out item 2 above if you have been notified by the IRS that yo							beca	use		

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 Signature of Here U.S. person ▶

Yevgeniy Shcherbakov, Acct. Manager

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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)

06/08/2022

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

Date ▶

- 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.