Geriatrics and Palliative Care Symposium
April 5, 2019

Don’t miss this Exhibit Opportunity! Register Today!

On behalf of the Department of Family and Community Medicine at Thomas Jefferson University, we cordially invite you to participate as an exhibitor at Geriatrics and Palliative Care Symposium to be held Friday, April 5, 2019 on the campus of Thomas Jefferson University in Philadelphia, Pennsylvania. This conference presents an opportunity for you to personally share your product information directly to over 120 attendees from various specialties including family medicine, internal medicine, pastoral care, geriatric medicine, critical care, medical oncology, and more. Attendees will represent practices from the greater Philadelphia area, as well as the tri-state area.

The goal of this Symposium is to improve the quality and delivery of geriatrics and palliative care to all patients and their families with serious, life-threatening illness, including those with end of life diagnoses. Designed to include practical presentations, with expert panelists representing interdisciplinary professions, the course explores challenging subjects such as physical, emotional and psychological care for complex, seriously ill patients and their families, specifically addressing topics of Geriatrics and Aging, Pain Management during the Opioid Crisis, Hospice and Palliative Care Regulations and Aging in Place.

We are pleased to offer a variety of exhibit opportunities and will include a skirted 6 ft table, dedicated exhibit time in the agenda, company acknowledgement in program syllabus, two representatives from your company as well as one complimentary conference attendees. For details regarding exhibiting, please review the Exhibitor Information Sheet or click here. Exhibit fees can be mailed to Ariel Levine at Sidney Kimmel Medical College, Jefferson Alumni Hall, Office of CME, 1020 Locust Street, Suite M-5 Philadelphia, PA 19107. Our tax ID number is: 23-135-2651. Please make checks payable to: Thomas Jefferson University, Office of CME. Visa, MasterCard and American Express will also be accepted.

We are excited about this year’s program, and we believe that you and your company will be equally enthusiastic. We are hopeful that you will join us as an exhibitor this year for this exceptional course and important networking event, most appropriately deserving of your participation and support. Should you have any questions, please do not hesitate to contact Ariel Levine in the Office of Continuing Professional Development at 215-955-2477. Thank you for your attention and consideration!

Sincerely,

Susan M. Parks, MD
Associate Professor
Director, Division of Geriatric Medicine and Palliative Care
Department of Family and Community Medicine
Sidney Kimmel Medical College at Thomas Jefferson University

Brooke Salzman, MD
Associate Professor
Medical Director, Jefferson Geriatrics Fellowship Director, Geriatric Medicine
Department of Family & Community Medicine
Sidney Kimmel Medical College at Thomas Jefferson University

Brooke Worster, MD
Assistant Professor of Medicine
Program Director, Palliative Care Service
Department of Family & Community Medicine
Sidney Kimmel Medical College at Thomas Jefferson University

*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.
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<th><strong>Conference Dates:</strong></th>
<th>Friday, April 5, 2019</th>
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| **Conference Location:** | Thomas Jefferson University Campus  
Dorrance H. Hamilton Building  
1001 Locust Street  
Philadelphia, PA 19107 |
| **Set-up/Breakdown:** | All exhibits must be tabletop or portable in nature. Exhibit set-up can begin at 6:30AM, Friday, April 5, 2019. See shipping info below. Please notify Ariel Levine of shipments by email at Ariel.levine@jefferson.edu or by phone at 215-955-2477. |
| **Exhibit Location/Start Times:** | Registration will open for attendees at 7:00AM. The exhibit area is available in the lobby of the Dorrance H Hamilton Building.  
7:00AM - 7:50AM  
Registration, Breakfast and Exhibitors  
10:00AM - 10:30AM  
Morning Break with Refreshments and Exhibitors  
1:30PM - 2:00PM  
Desserts and Exhibitors |
| **Exhibit Recognition & Booth Size:** | **Industry Level $2,000:**  
- One skirted 6’ table for your display  
- Up to two company representatives  
- One complimentary CE Credit attendee (coupon code will be provided after exhibitor registration is complete)  
- Networking Opportunities with participants  
- Company acknowledgement included on course signage and in slideshow  
- Complimentary electrical services (if required)  

**Non Profit/ Hospice Level $750:**  
- One skirted 6’ table for your display  
- Up to two company representatives  
- One complimentary CE Credit attendee (coupon code will be provided after exhibitor registration is complete)  
- Networking Opportunities with participants  
- Company acknowledgement included on course signage and in slideshow  
- Complimentary electrical services *(if required)* |
| **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. |
| **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”). |
### Exhibitor Information

#### Geriatrics and Palliative Care Symposium

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.

#### 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.

#### Electrical Needs:

Electrical services are included in the exhibit fee. Each company is responsible for communicating their electrical needs to Ariel Levine via email to Ariel.Levine@jefferson.edu.

#### Shipping:

Please notify Ariel Levine prior to shipping: Shipments will be accepted at the Jefferson Alumni Hall Loading Dock 2 days prior to conference, no earlier than Wednesday, April 3, 2019. Be sure to label them accordingly.

Jefferson Alumni Hall  
1020 Locust Street - Suite M5  
Philadelphia, PA 19107  
Attn: Ariel Levine  
Geriatrics and Palliative Care Symposium  
Package ____ of ____

*Jefferson 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. Please note that all company representatives are solely responsible for coordinating return shipping at the conclusion of the conference with loading dock representatives.*

#### Payment:

Visa, MasterCard and American Express are accepted.  
Please make check payable to: Thomas Jefferson University, Office of CME  
Mail to: Sidney Kimmel Medical College  
Office of CME  
Jefferson Alumni Hall  
1020 Locust Street, Suite M-5  
Philadelphia, PA 19107

*Visa, MasterCard and Amex 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 April 5, 2019 if another payment method is not received)*

#### Exhibitor 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  
Sidney Kimmel Medical College  
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.

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

**Geriatrics and Palliative Care Symposium**
*Dorrance H Hamilton Building*
1001 Locust Street
Philadelphia, PA 19107

Friday, April 5, 2019

- Industry Level $2,000
- Non Profit/ Hospice Level $750

Company Name: ___________________________________________________________

Company Representative *(to contact with questions)*: _______________________________

Phone Number: __________________________ Email Address: __________________________

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

Send completed form to Ariel.Levine@jefferson.edu

**ONLINE EXHIBITOR REGISTRATION MUST ALSO BE COMPLETED**

**TO COMPLETE VISIT** [http://jeffline.jefferson.edu/jeffcme/palliativecare/](http://jeffline.jefferson.edu/jeffcme/palliativecare/)
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

2 Business name/described 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.

☐ Individual/sole proprietor or single-member LLC
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ 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.

☐ Other (see instructions)

Non-Profit 501C3 Org.

4 Exemption codes apply only to certain entities, not individuals. See instructions on page 3.

Exempt code (if any) 501C3

Exemption from FATCA reporting code (if any)

(Use in accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1202 Walnut Street

6 City, state, and ZIP code

Philadelphia, PA 19107

7 List account number(s) here (optional)

Requester's name and address (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 whom to enter.

Social security number

or

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 for Part II, later.

Sign Here

Signature of U.S. person

Mark Letanche, 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-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.