5th Annual Lung Cancer Symposium  
Friday, March 10, 2017

Don’t miss this Exhibit Opportunity! Register Today!

COURSE CO-DIRECTORS:
Ralph Zinner, MD; Gregory Kane, MD; Rita Axelrod, MD; Kathleen Eastburn, BSN, RNC-NIC; Nathaniel R. Evans III, MD; Jennifer Johnson, MD; Michael Unger, MD; Maria Werner-Wasik, MD

Dear Representative,

On behalf of the Thomas Jefferson University Departments of Medical Oncology, Medicine - Division of Pulmonary and Critical Care Medicine, Surgery, Radiation Oncology, the Jane & Leonard Korman Lung Center at Jefferson and the Sidney Kimmel Cancer Center at Thomas Jefferson University (SKCC), we would like to formally invite your company to exhibit at the 5th Annual Lung Cancer Symposium on Friday, March 10, 2017. The program will be held in the Dorrance H. Hamilton Building located on the campus of Thomas Jefferson University.

We are pleased to offer a variety of exhibit opportunities which will provide you with access to personally share your product information directly with approximately 125 medical practitioners, primarily specialists whose practice focuses on the screening, diagnosis, management, and treatment of lung cancer, representing hospital-based and office based practices from the greater Philadelphia and tri-state area. Exhibitors will have several opportunities to converse with attendees including during breakfast and breaks. There will be four levels of exhibiting opportunities: Platinum, Gold, Silver, and Bronze Levels.

Exhibitor Raffle and Score Card - NEW THIS YEAR!
To encourage attendee-exhibitor interaction, the attendees will be provided with an Exhibitor Score Card, with the names of all of the companies exhibiting at this year’s conference. The attendees will have the opportunity to visit each of the exhibit booths to have one company representative sign their Score Card, with the possibility of winning one of several prizes at the end of the conference.

Attached for your reference is a copy of the conference agenda.

We are hopeful that you will join us as an exhibitor for this exceptional program and important networking event, an experience most appropriately deserving of your participation and support. Please register online at http://jeffline.jefferson.edu/jeffcme/Pulmonary/exhibitors.cfm to reserve a table today! Please feel free to contact me with any questions you may have.

Thank you,

Ariel Grayson
CME Planner
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.Grayson@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.*
## Exhibitor Information

**Sidney Kimmel Medical College at Thomas Jefferson University**

**5th Annual Lung Cancer Symposium**

**Friday, March 10, 2017**

| Conference Location: | Dorrance H. Hamilton Building  
|                     | 1001 Locust Street  
|                     | Philadelphia, PA 19107 |

<table>
<thead>
<tr>
<th>Exhibit Location/ Times:</th>
<th>The following preliminary times are dedicated exhibit times where food and beverage will be served:</th>
</tr>
</thead>
</table>
| **Friday, March 10, 2017** | Registration, Continental Breakfast & Exhibits  
| 7:00AM - 7:50AM          | AM Break & Exhibits  
| 10:10AM - 10:30AM        | Working Lunch & Mock Tumor Board with Case Presentations  
| 11:40AM - 1:00PM         | Dessert & Exhibits  
| 1:00PM - 1:15PM          | PM Break & Exhibits  
| 2:45PM - 3:00PM          |                                                                                                   |

Representatives may begin exhibiting at 7:00AM on **Friday, March 10, 2017**. All exhibits must be tabletop or portable in nature. See shipping info below. Please notify Ariel Grayson of shipments by email at **Ariel.Grayson@jefferson.edu** or by phone at 215-955-2477.

<table>
<thead>
<tr>
<th>Exhibitor Rules:</th>
<th>All exhibits must be tabletop or portable in nature. <strong>Exhibitor is NOT furnishing commercial support for this conference, Exhibitor is buying exhibit space.</strong></th>
</tr>
</thead>
</table>
|                  | • 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, March 10, 2017 at 6:45AM. **Subject to Change**

Exhibit breakdown must be completed by 4:15PM on Friday, March 10, 2017.

**Exhibit Levels & Recognition:**

<table>
<thead>
<tr>
<th>Platinum Level $7,500 (limited to first 4 paid companies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Choice of Premium Exhibit Booth location in Exhibit Area (first come, first serve basis)</td>
</tr>
<tr>
<td>o 2 full page (8.5 x 11), color company advertisement in Exhibitor Directory (<strong>Due: February 27, 2017</strong>)</td>
</tr>
<tr>
<td>• Ad specifications: PDF format, letter size (8.5 by 11), no bleed, preferably with a border</td>
</tr>
<tr>
<td>o Acknowledgement posted online via a Virtual Exhibit Hall and emailed to all participants before and after the conference</td>
</tr>
<tr>
<td>o Individual company acknowledgement signage</td>
</tr>
<tr>
<td>o Special name badge designation</td>
</tr>
<tr>
<td>o Up to 6 company representatives</td>
</tr>
<tr>
<td>o 4 complimentary conference attendees</td>
</tr>
<tr>
<td>o PowerPoint slideshow acknowledgement</td>
</tr>
<tr>
<td>o Company listing in printed Exhibitor Directory</td>
</tr>
<tr>
<td>o One 6ft draped table</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Gold Level $5,000</th>
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</thead>
<tbody>
<tr>
<td>o 1 full page, color company advertisement in Exhibitor Directory (<strong>Due: February 27, 2017</strong>)</td>
</tr>
<tr>
<td>• Ad specifications: PDF format, letter size (8.5 by 11), no bleed, preferably with a border</td>
</tr>
<tr>
<td>o Prime exhibit location</td>
</tr>
<tr>
<td>o Up to 4 company representatives</td>
</tr>
<tr>
<td>o 3 complimentary conference attendees</td>
</tr>
<tr>
<td>o PowerPoint slideshow acknowledgement</td>
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<tr>
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<table>
<thead>
<tr>
<th>Silver Level $3,000</th>
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</thead>
<tbody>
<tr>
<td>o 1 half page, black and white company advertisement in Exhibitor Directory (<strong>Due: February 27, 2017</strong>)</td>
</tr>
<tr>
<td>• Ad specifications: PDF format, letter size (8.5 by 5.5), no bleed, preferably with a border</td>
</tr>
<tr>
<td>o Up to 3 company representatives</td>
</tr>
<tr>
<td>o 2 complimentary conference attendees</td>
</tr>
<tr>
<td>o PowerPoint slideshow acknowledgement</td>
</tr>
<tr>
<td>o Company listing in printed Exhibitor Directory</td>
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<tr>
<td>o One 6ft draped table</td>
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</table>

<table>
<thead>
<tr>
<th>Bronze Level $2,000</th>
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</thead>
<tbody>
<tr>
<td>o Up to 2 company representatives</td>
</tr>
<tr>
<td>o PowerPoint slideshow acknowledgement</td>
</tr>
<tr>
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**Exhibitor Registration:**

[http://jeffline.jefferson.edu/jeffcme/Pulmonary/exhibitors.cfm](http://jeffline.jefferson.edu/jeffcme/Pulmonary/exhibitors.cfm)
**Electrical Needs & Shipping Information:**

Please notify Ariel Grayson prior to shipping: Shipments will be accepted at the Jefferson Alumni Hall Loading Dock 2 days prior to conference, no earlier than Wednesday, March 8, 2017. Be sure to label them accordingly.

Attn: Ariel Grayson  
5th Annual Lung Cancer Symposium - March 10, 2017  
Jefferson Alumni Hall  
1020 Locust Street, Suite M-5  
Philadelphia, PA 19107  
Box 1 of _____

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

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

**Accommodations:**

The Holiday Inn Express Midtown hotel rooms available at $134 per night plus tax, and an additional $27.00 parking fee per day - Please call the hotel reservations department at 215-735-9300 to reserve a room and refer to the Thomas Jefferson University rate.

**Payment:**

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

*Visa and MasterCard 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 March 10th if another payment method is not received)*

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

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

5th Annual Lung Cancer Symposium  
Friday, March 10, 2017  
Thomas Jefferson University

Exhibit Fee: Indicate your level of exhibit:

- □ Platinum Level $7,500
- □ Gold Level $5,000
- □ Silver Level $3,000
- □ Bronze Level $2,000

Payment is due on or before March 10, 2017

Company Name: ____________________________________________________________

Company Representative (to contact with questions): _____________________________

Phone Number: ______________________________

Email Address: ________________________________

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

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 processing

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

E-Mail: Send completed form to ariel.grayson@jefferson.edu

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ONLINE EXHIBITOR REGISTRATION MUST ALSO BE COMPLETED

TO COMPLETE VISIT - http://jeffline.jefferson.edu/jeffcme/Pulmonary/exhibitors.cfm
## Request for Taxpayer Identification Number and Certification

**THOMAS JEFFERSON UNIVERSITY**

**Print or type clearly:**

1. **Name as shown on your income tax return:** THOMAS JEFFERSON UNIVERSITY
2. **Business name disregarded entity name, if different from above:**
3. **Check appropriate box for federal tax classification:**
   - [ ] Individual/sole proprietor or
   - [ ] Corporation or partnership or
   - [ ] Trust/estate or
   - [ ] Limited liability company. Enter the tax classification (C-C corporation, S corporation, P-partnership) below.
   
   **Note:** For a single-member LLC that is disregarded, do not check C. 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 (501C3)
   - [ ] Exemption from FATCA reporting code (if any)
5. **Address:** 1020 WALNUT STREET
6. **City, state, and ZIP code:** PHILADELPHIA, PA, 19107
7. **Non-for-Profit 501C3 Omg.**
8. **Other (see instructions):**
9. **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 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.

**Note:** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Social security number:**

**Employer identification number:**

231352651

### 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 mortgages, interest paid, acquisition or abandonment of secured property, and 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:**

<table>
<thead>
<tr>
<th>Signature of U.S. person</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Lechat, Asst Controller</td>
<td>8/1/2015</td>
</tr>
</tbody>
</table>

### General Instructions

Station 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/W9.

**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 1096-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1098-T (interest and third party network transactions)

**Special instructions:**

- 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); and
2. Certify that you are not subject to backup withholding.
3. Claim exemption from backup withholding if you are a U.S. exempt payer. If applicable, you are also certifying that you are a U.S. person, your allocable share of partnership income is from a U.S. trade or business 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.

**Cat. No. 10231X**