

Office of Continuing Professional Development

1020 Locust Street, Suite M5 Philadelphia, PA 19107 T 1-877-JEFF-CPD (533-3273) T 215-955-6992 F 215-923-3212 jeffersoncpd@jefferson.edu CME.Jefferson.edu

# 32<sup>nd</sup> Annual Pan Philadelphia Neurosurgery Conference Friday, December 4, 2020

### Don't miss this virtual exhibit opportunity!

Dear Representative,

On behalf of the program course directors, Drs. Robert Rosenwasser, Michael Weaver, and Daniel Yoshor, we cordially invite your company to virtually exhibit at the 32<sup>nd</sup> Annual Pan Philadelphia Neurosurgery Conference on Friday, December 4, 2020.

Co-directed by three area Neurosurgical Training Programs: Sidney Kimmel Medical College at Thomas Jefferson University, Lewis Katz School of Medicine at Temple University and the Perelman School of Medicine at University of Pennsylvania, this year's symposium will be devoted to the following theme: "Neurosurgery Frontiers: Adapting and Advancing Into the Future". Four keynote addresses by Zoher Ghogawala, MD, Steven N. Kalkanis, MD, Michael T. Lawton, MD, and Andre Machado, MD, PhD will carry forward the theme by discussing past challenges and current controversies of spine, tumor, vascular and functional neurosurgery.

As an exhibitor at this event, you will have the opportunity to reach 100-150 healthcare providers through a virtual environment. Exhibitors will have various options for sharing their company information and products through a virtual exhibit hall that will be available to participants before and after the symposium, as well as during designated breaks during the conference for a total of 30 days. Virtual exhibit booths include company descriptions, multimedia advertisements (varies by exhibit level) and Zoom meetings for interacting with attendees during conference breaks. Conference organizers will host a raffle opportunity to encourage attendee engagement.

Please review the exhibit levels and benefits for more information. We are open to new ideas so please feel free to contact us with suggestions for more virtual exhibit features or to customize your virtual exhibit booths.

We hope you will join us as an exhibitor for this exceptional Neurosurgery program and important networking event! Sincerely,

Ariel Levine

ariel Levine.

CME Planner

Office of Continuing Professional Development
Jefferson (Philadelphia University + Thomas Jefferson University)

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CME.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 jeffersoncpd@jefferson.edu.

VIRTUAL EXHIBIT LEVELS & BENEFITS					
STANDARD - \$1,000 Listing & Acknowledgements	<ul> <li>Virtual Exhibit Hall Booth includes:</li> <li>Booth placement with click-through modal on Virtual Exhibit Hall floor map with company description (up to 25 words), image &amp; link to website</li> <li>Appointment sign up form</li> <li>Additional Benefits:</li> <li>Attendee list</li> <li>Company listing in Digital Exhibitor Directory</li> <li>Company will be acknowledged verbally &amp; on PowerPoint slideshow during opening remarks and before conference breaks</li> <li>Company will be acknowledged in reminder and follow-up emails to conference attendees</li> </ul>				
PREMIER - \$2,000  Basic benefits PLUS live attendee interaction & banner advertisements	Virtual Exhibit Booth includes:  Booth placement with click-through modal on Virtual Exhibit Hall floor map with company description (up to 25 words), image & link to dedicated Virtual Exhibit Booth page  Dedicated Virtual Exhibit Booth (Microsite Page): The benefits below must be submitted by November 4, 2020.  "Meet & Greet" with conference attendees (Zoom meeting link to be provided by company to Jefferson for posting)  Company description (up to 40 words)  Company contact information (2-3 bullet points)  Company logo  250 x 250 pixels  File type: JPG, Max File Size: 100KB  External link to company website  2 Product/Company Description Paragraphs  Up to 60 words total  One banner advertisement linked to product website  970 x 250 pixels  File Type: JPG, GIF; Max File Size: 1MB  Appointment sign up form  See sample Silver microsite page: <a href="http://jeffersondiabetes.com/silver-sponsorship/">http://jeffersondiabetes.com/silver-sponsorship/</a> Additional benefits:  Attendee list  Included in Exhibitor Raffle (prize provided by Jefferson)  Half-page color advertisement & company listing in Digital Exhibitor Directory - (Specs: PDF format, letter size (8.5 by 5.5), no bleed, preferably with a border). Ad must be provided by November 4, 2020  One conference registration (CE credits included)  Company will be acknowledged verbally & on PowerPoint slideshow during opening remarks and before all conference breaks  Company acknowledgements in reminder and follow-up emails to attendees				

#### **SEND US YOUR THOUGHTS & IDEAS!**

If you have suggestions for virtual exhibit features or other advertising opportunities, please email <a href="mailto:Ariel.Levine@jefferson.edu">Ariel.Levine@jefferson.edu</a>.

Additional fees may apply.

Company Registration	http://jeffline.jefferson.edu/jeffcme/neurosurgery/exhibitors-pan.cfm							
Virtual Exhibit Set-Up	<ul> <li>Final company material for virtual exhibit booths including web/video advertisements and Zoom meeting links are due by Wednesday, November 4, 2020.</li> <li>Web and video advertisements must comply with the specs outlined in this packet</li> <li>Companies should use their own Zoom accounts to host their meeting. This allows for the use of company branding and to control the flow of the meeting. Additional fees apply if OCPD completes a Zoom setup on behalf of the company</li> </ul>							
Designated Exhibit Times & Exhibitor Raffles	Before/After the Live Conference The virtual exhibit hall will be available to registered attendees before and after the conference for a total of 30 days. During this time frame, attendees can visit virtual exhibit booths and view company descriptions, web and video advertisements. They can also sign up for emails and appointment times with their local representatives.  During the Live Conference Representatives may begin exhibiting through Zoom at 11:00AM on Friday, December 4, 2020. The exhibit hall will be open throughout the conference, however the following times are dedicated exhibit times:  11:00AM - 12:00PM							
Exhibit Rules	<ul> <li>Exhibitors acknowledge that:</li> <li>Exhibitor is not furnishing commercial support for this conference. Exhibitor is buying virtual exhibit space.</li> <li>Exhibitor activities are restricted to the allocated virtual space at the conference.         <ul> <li>Advertisements and promotional materials will not be visible on the screen at the same time as the accredited content and not interleafed between computer windows or screens of the accredited content.</li> <li>Advertising of any type is prohibited within the educational content on the internet including but not limited to banner ads, subliminal ads, and popup window ads.</li> <li>Audio and Video: Advertisements and promotional materials will not be included within the accredited content. There will be no 'commercial breaks'.</li> </ul> </li> <li>Exhibits are intended for informational purposes. Products should not be sold in the virtual exhibit hall.</li> </ul>							

	<ul> <li>The recording (photographic, screen capture, audio and/or video) of the conference and/or its attendees is prohibited</li> <li>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.</li> </ul>
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.
Payment	Payment in full is required with registration.  CREDIT CARD (preferred payment type)  American Express, Visa and MasterCard are accepted. Please fill out attached credit card form.  CHECK Please make check payable to: TJU, Office of CPD  Mail to: Thomas Jefferson University, Office of CPD  Jefferson Alumni Hall  ATTN: Pan Philadelphia 1020 Locust Street, Suite M-5 Philadelphia, PA 19107
Cancellation & Refund Policy	Deadline for exhibitor registration is <a href="November 4">November 4</a> , 2020. Thomas Jefferson University cannot guarantee space availability after that time.  In the event that the symposium is canceled by the organizers, exhibit fees will be refunded in full but Thomas Jefferson University is not responsible for other expenses incurred by the exhibitor.  In the event an exhibitor cancels participation, refunds will be made as follows: prior to the deadline of November 4th, a refund will be given minus a \$200 administration fee. After November 4th, no refund will be given.  Exhibit cancellations must be made in writing. Exhibitors who are absent from the conference will not receive a refund. Send cancellation notice <a href="mailto:ariel.levine@jefferson.edu">ariel.levine@jefferson.edu</a> and include name of activity in subject line.
Questions?	Please contact Ariel Levine at <u>ariel.levine@jefferson.edu</u> .



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#### **EXHIBITOR CREDIT CARD PAYMENT FORM**

#### 32<sup>nd</sup> Annual Pan Philadelphia Neurosurgery Conference Friday, December 4, 2020 | Virtual Meeting

<u>Exhibit Fee:</u>
Indicate your level

□ <u>St</u>	<u>andard \$1,000</u>		□ Premier \$2,00	<u>0</u>							
PAYMENT IS DUE ON OR BEFORE DECEMBER 4, 2020											
Company Name:											
Company Representative:											
Phone Number:											
Email Address:											
I hereby authorized use of my:	American Express	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	on processing										
E-Mail Send completed form to Ariel.Lev	rine@jefferson.edu										

ONLINE EXHIBITOR REGISTRATION MUST ALSO BE COMPLETED

TO COMPLETE VISIT <a href="http://jeffline.jefferson.edu/jeffcme/neurosurgery/exhibitors-pan.cfm">http://jeffline.jefferson.edu/jeffcme/neurosurgery/exhibitors-pan.cfm</a>

Form (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

## 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.

following seven boxes.    Certain instruct   Composition	n entitie	ns (d								
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 C Corporation S Corporation Partnership Trust/estate Exemp  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)	n entitie	ns (d								
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate  instruct  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)	n entitie	ns (d								
Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate Exemp  Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)	ctions o	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  4 Exemptions (codes apply on certain entities, not individuals;								
Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)	Trust/estate instructions on page 3):  Exempt payee code (if any)			1						
The company company: Effect the tax elaboration (0-0 corporation), 0-0 corporation, 1-1 annieromp).	Exompt payer road (ii arry)									
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.	code (if any)									
© Other (see instructions) ► NON FOR PROFIT 501C3 ORG	(Applies to accounts maintained outside the U.S.)									
5 Address (number, street, and apt. or suite no.) See instructions.  Requester's name and address (number, street, and apt. or suite no.)	and address (optional)									
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  Social security nu	umber				_					
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										
T/IN, later.  Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer identifications.	ostion		mba	_						
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 whose number to enter.	Cation	T	Timbe	T	Т	=				
2 3 - 1	3 5	5	2	6	5	1				
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 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified I 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 no longer subject to backup withholding; and	by the	e In	ntern	al R	Reve e tha	nue at I am				
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 be you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortg acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), a other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions to the certification of the ce	gage ir and ge	nter ene	rest p erally	paid , pa	l, yme	ents				
Sign Here U.S. person ► Date ►										
General Instructions  Mark Lelache, Asst. Controller Form 1099-DIV (dividends, including those funds)	from s	sto	cks (	or m	nutu	al				
One-time reference and to the Internal Boronic Code release athernies	• Form 1099-MISC (various types of income, prizes, awards, or gross									
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted transactions by brokers)  • Form 1099-B (stock or mutual fund sales an transactions by brokers)	Form 1099-B (stock or mutual fund sales and certain other									
after they were published, go to www.irs.gov/FormW9.  • Form 1099-S (proceeds from real estate transport from real estate transpo										
•	<ul> <li>Form 1099-K (merchant card and third party network transactions)</li> </ul>									
information return with the IRS must obtain your correct taxpayer 1098-T (tuition)	· · · · ·									
(SSN) individual tax paver identification number (ITIN), adoption	• Form 1099-C (canceled debt)									
taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other Use Form W-9 only if you are a U.S. person	• Form 1099-A (acquisition or abandonment of secured property)  Use Form W-9 only if you are a U.S. person (including a resident					nt				
returns include, but are not limited to, the following.  If you do not return Form W-9 to the reques	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.									