3rd Annual Cardiology Update 2017

Meets Texas Ethics Requirements

December 2-3, 2017
Westin at the Domain, Austin, Texas

Register Online: BSWH.md/CardiologyUpdate
# 3rd Annual Cardiology Update 2017

## Exhibitor/Sponsor Levels and Registration

**December 2-3, 2017**
**Westin at the Domain, Austin, Texas**

<table>
<thead>
<tr>
<th>Platinum Level Lunch Exhibitor -- $5,000 (only two spaces available)</th>
<th>Gold Level Reception Exhibitor -- $3500 (only one space available)</th>
<th>Silver Level Breakfast Exhibitor – $2,500 (only two spaces available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recognition as Platinum Level Lunch Exhibitor <em>(Acknowledgement verbally by moderator(s), intermission slides, conference site and signage)</em></td>
<td>• Recognition as Gold Level Exhibitor of Saturday evening reception <em>(Acknowledgement on intermission slides, conference site and/or signage)</em></td>
<td>• Recognition as Silver Level Exhibitor <em>(Acknowledgement on slides and/or signage)</em></td>
</tr>
<tr>
<td>• Two full days of exhibit space during the conference</td>
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</tr>
<tr>
<td>• 2 six foot tabletop display, chairs, linen and skirting.</td>
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<td>• (1) six foot tabletop display, chairs, linen and skirting</td>
</tr>
<tr>
<td>• Exhibit Location: Assigned near peak traffic areas in exhibit hall</td>
<td>• Exhibit Location: Assigned</td>
<td>• Exhibit Location: Assigned</td>
</tr>
<tr>
<td>• Promotional insert in on-site materials <em>(insert to be provided by supporter at own cost and shipped directly to organizer for stuffing prior to event; max size 8.5”x11”)</em></td>
<td>• Promotional insert in the on-site packet <em>(insert to be provided by supporter at own cost and shipped directly to organizer for stuffing prior to event; max size 8.5”x11”)</em></td>
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<tr>
<td>• Additional Exhibitor fees (standard electric, power strip, easel) waived</td>
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</tr>
<tr>
<td>• Four Exhibitor badges <em>(provides admission to conference sessions, reception and meals)</em></td>
<td>• Four Exhibitor badges <em>(provides admission to all sessions reception and meals)</em></td>
<td>• Two Exhibitor badges <em>(provides admission to all sessions and reception)</em></td>
</tr>
<tr>
<td>• Roster of Attendees and demographics</td>
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<tr>
<th>Bronze Level Break Exhibitor – $2000 (four spaces available)</th>
<th>Conference Exhibitor – $1500 2 days or $800 daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recognition as Bronze Level Break(s) Exhibitor <em>(Acknowledgement on slides, conference site and/or signage)</em></td>
<td>• Recognition as Conference Exhibitor <em>(Acknowledgement on slides and/or signage)</em></td>
</tr>
<tr>
<td>• Two full days of exhibit space during the conference</td>
<td>• Exhibit space during the conference based on registration (one day or both days)</td>
</tr>
<tr>
<td>• (1) six foot tabletop display, chairs, linen and skirting</td>
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</tr>
<tr>
<td>• Exhibit Location: Assigned</td>
<td>• Two Exhibitor badges <em>(provides admission to sessions and meals)</em></td>
</tr>
<tr>
<td>• Additional Exhibitor fees (standard electric, power strip, easel) waived</td>
<td>• Roster of Attendees and demographics</td>
</tr>
<tr>
<td>• Two Exhibitor badges <em>(provides admission to sessions and meals)</em></td>
<td><em>company name tags with logos and insignia must be removed or covered while in the conference education/lecture space</em></td>
</tr>
<tr>
<td>• Roster of Attendees and demographics</td>
<td></td>
</tr>
</tbody>
</table>

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*conference exhibitor – $1500 2 days or $800 daily*

- Recognition as Conference Exhibitor *(Acknowledgement on slides and/or signage)*
- Exhibit space during the conference based on registration (one day or both days)
- (1) six foot tabletop display, chairs, linen and skirting
- Two Exhibitor badges *(provides admission to sessions and meals)*
- Roster of Attendees and demographics

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_Baylor Scott & White Health_
EXHIBIT REGISTRATION FORM
3rd Annual Cardiology Update
December 2-3, 2017
Austin, Texas

General Information

Company Name
Contact Name
Address
Email Fax Number

Representatives Attending Event

<table>
<thead>
<tr>
<th>NAME</th>
<th>PHONE</th>
<th>EMAIL</th>
</tr>
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<tbody>
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<td></td>
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</table>

Additional Needs

☐ Electricity (must furnish own extension cord)

☐ Additional Needs (i.e. proximity to other exhibitors or special equipment)

Please note: Placement is reserved on a first come, first served basis. Please submit this form no later than November 24, 2017. Final details will be emailed to you by November 28, 2017.

Sponsor

Sponsorhip Level:


Payment Information

Payment:

☐ Both Days: $1500  ☐ One Day: $800  ☐ Additional Exhibit Table: $500

☐ Check (made payable to Baylor Scott & White Health)

☐ Credit Card: ☐ Visa  ☐ Mastercard  ☐ AmEx  ☐ Discover

Name on Card: ____________________________________________

Credit Card Number: ______________________________________

Exp Date: ________________________________________________

Signature: _______________________________________________

Mail this form with check to:
Baylor Scott & White Health, Dept of CME: MS-26-A229
2401 S. 31st. St., Temple, TX 76508
Or Fax to 254-724-1769
Phone: 254-724-5470 or email cheryl.massar@bswhealth.org
Request for Taxpayer Identification Number and Certification

Cat. No. 10231X

Form W-9 (Rev. 12-2014)

Department of the Treasury
Internal Revenue Service

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.
Baylor Scott & White Health

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☐ Trust/estate
☐ Partnership

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 1

Exemption from FATCA reporting code (if any)
(Appplies to accounts maintained outside the U.S.)

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

2001 Bryan St., Suite 2200

6 City, state, and ZIP code

Dallas, TX 75201

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 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

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 on page 3.

Signature of U.S. person

Date 1/3/17

General Instructions

Section 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/fw9.

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 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? 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),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is 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.