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Executive Director

Diane Slaughter, APR, CAE
PO Box 13604
Charleston, WV 25360
304.984.0308 | wvos@frontier.com

Dear Exhibitor,

This is your invitation to participate in the annual "Spring Break" Meeting of the West Virginia Orthopaedic Society and the West Virginia Association of Orthopaedic Executives on Friday and Saturday, April 13 and 14, 2018, at Stonewall Resort in Roanoke, West Virginia.

The fee for two full days of exhibiting opportunities remains at \$500.

Friday's activities will feature sessions on laws that impact physicians and a risk management course, lunch, available golf tee times and an hour-long boat tour of the lake, followed by dinner on your own. Later that evening we will be hosting bingo and a silent auction, with something for children and adults alike, to raise funds for the Orthopaedic Research and Education Foundation (OREF).

Saturday's sessions will focus on clinical topics for physicians relating to "Duct Tape and Gorilla Glue Orthopaedics: Handling Unexpected Intraoperative Complications." Topics for practice managers will include benchmarking, "Mid-level Productivity: Getting Them Off the Ground" and "Keeping the Doors Open When You Don't Have Doors."

We will have opportunities for you to meet with physicians and practice managers from 8:00 a.m. through lunch Friday, in addition to golf tee times, boat ride and bingo games/silent auction (entry fees will be affordable). On Saturday, you can visit with our attendees from 8:00 a.m. to 3:00 p.m. Continental breakfast, morning and afternoon breaks will take place in the exhibit hall area each day. You will need to be set up by 8:00 a.m. Friday and you can close your booth after 3:00 p.m. on Saturday. We will have an outstanding array of speakers and are confident these practice managers and physicians will enhance our programs.

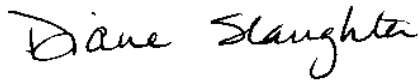
We are asking you to participate in the program as an exhibitor, as a sponsor or by providing an educational grant for our resident presentations. You are also welcome to donate an item to our silent auction, as guidelines and your company policies permit. Whether you choose to exhibit, sponsor or provide a grant, we encourage you to take advantage of the opportunity to meet personally with physician and practice manager attendees during the meeting. Our attendees will have opportunities to spend quality time with you throughout the weekend.

I have enclosed an exhibitor application, commercial support agreement and Standards for Commercial Support of Continuing Medical Education. The information also can be found at <http://www.wvos.org>. The conference brochure will be sent to you electronically. Payment should be made prior to the meeting.

Hotel reservations must be made by March 19 by calling 888.278.8150 or 304.269.7400 and asking for the WVOS room block. Rates are \$210 per person single/\$153 per person double per night (plus taxes) and includes your sleeping room, meals, onsite parking, in-park shuttle service, high speed internet access and Wi-Fi, use of fitness equipment, indoor/outdoor pool, sauna, steam room, paddle boats, canoes, kayaks, excursion boat, mountain bikes, basic fishing equipment and many other amenities. The resort fee and taxes are not included. Please call 888-278-8150 by March 19 and mention you are with WVOS to get our special rate.

We look forward to hearing from you by March 19, 2018, and thank you in advance for your support of the West Virginia Orthopaedic Society and the West Virginia Association of Orthopaedic Executives. Please feel free to contact me at 304.984.0308 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Diane Slaughter".

Diane Slaughter, CAE, APR, Fellow PRSA
Executive Director

Application for Exhibit Space
West Virginia Orthopaedic Society and West Virginia Association of Orthopaedic Executives
Stonewall Resort, Roanoke, WV
April 13-14, 2018
Due March 19, 2018

Name of company:

Name, title and address of person responsible for agreement:

Signature:

Telephone number:

Date:

Name and type of products to be exhibited:

Representatives scheduled to work booth:

Name

Email

Phone

FEES and TERMS:

_____ Exhibit space	\$ 500/booth
_____ Breaks (3) sponsorship	\$ 500/each
_____ Lunch sponsorship	\$2000
_____ Speaker sponsorship	\$2000
_____ Educational grant	\$1500
_____ Resident prizes	\$1500
_____ Silent Auction Item	

Check made payable to the West Virginia Orthopaedic Society is to be sent with completed application to WVOS, PO Box 13604, Charleston, WV 25360, or paid online at www.wvos.org.

Exhibit space consists of one 6' skirted table and two chairs.

Tax identification number: 55-0667004.

Exhibit booth refunds will be given if written request is received by March 21, 2017. Refunds, less the \$50 processing fee, will be made after May 1, 2018, only if the space is resold. No refunds will be made for requests received after May 1, 2018.

Please contact Executive Director Diane Slaughter, CAE, APR, Fellow PRSA with any questions: by phone, 304.984.0308; by e-mail, wvos@frontier.com.

Send check and completed application to:

WV Orthopaedic Society
PO Box 13604
Charleston, WV 25360-0604

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) West Virginia Orthopaedic Society	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ Nonprofit Corporation	
	<input checked="" type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) PO Box 13604	
City, state, and ZIP code Charleston, WV 25360		
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 the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
5	5	-	0	6	6	7	0	4

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).

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 4.

Sign Here	Signature of U.S. person ▶ <i>Diane Slaughter</i>	Date ▶ 01/03/2018
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



WVOS Letter of Agreement

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wvos@frontier.com

TERMS, CONDITIONS, AND PURPOSES OF AN EDUCATIONAL GRANT

_____ agrees to support the WV ORTHOPAEDIC SOCIETY through an educational grant for the 2018 Spring Break Meeting taking place Friday and Saturday, April 13 and 14, 2018.

Commercial Supporter

(Company name/branch): _____

Address: _____

City, State, Zip: _____

Telephone (____) _____ - _____ Fax (____) _____ - _____

Email: _____

Contact Person: _____

The above company wishes to provide support for the named continuing medical education activity by means of (indicate which option):

1. Unrestricted educational grant for support of the CME activity in the amount of \$ _____

2. Restricted grant to reimburse expenses for:

A. _____ \$1500 Resident(s) presentation prizes

1) _____

2) _____

To Include: All Expenses _____ Travel Only _____

Honorarium Amount (to be determined by Course Director) _____

B. Support for catering functions (specify) _____

In the amount of \$ _____

C. Other (e.g., equipment loan, brochure distribution, etc.) _____

SIGNATURES

We have read and agree to the attached West Virginia Orthopaedic Society "Standards for Commercial Support of Continuing Medical Education" and to the terms stated above:

Company Representative: _____

Date: _____

Activity Director: _____

Date: _____

Program Director for CME: _____

Date: _____

Please return completed agreement to:

West Virginia Orthopaedic Society

Post Office Box 13604

Charleston, WV 25360

Conditions of agreement on next page

CONDITIONS

1. **Statement of Purpose:** Program is for scientific and educational purposes only and will not promote a company's products, directly or indirectly.
2. **Control of Content & Selection of Presenters & Moderators:** WV ORTHOPAEDIC SOCIETY is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to WV ORTHOPAEDIC SOCIETY initiated requests for suggestions of presenters or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker; and will provide this information herein. WV ORTHOPAEDIC SOCIETY will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
3. **Disclosure of Financial Relationship:** WV ORTHOPAEDIC SOCIETY will ensure disclosure to the audience of (a) company funding, and (b) any significant relationship between the sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the company.
4. **Content Involvement:** There will be no "scripting," emphasis or influence on content by the company or its agents.
5. **Ancillary Promotional Activities:** No promotional activities or advertisements will be permitted in the same room as the educational activity.
6. **Objectivity & Balance:** WV ORTHOPAEDIC SOCIETY will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, including balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. **Limitations of Data:** WV ORTHOPAEDIC SOCIETY will ensure, to the extent possible, disclosure of limitations of data (e.g. ongoing research, interim analysis, preliminary data or unsupported opinion.)
8. **Discussion of Unproved Uses:** WV ORTHOPAEDIC SOCIETY will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. **Opportunities for Debate:** WV ORTHOPAEDIC SOCIETY will ensure opportunities for questioning or scientific debate.
10. **Independence of Sponsor in the Use of Contributed Funds:**
 - A. Funds should be in the form of an educational grant made payable to **The WEST VIRGINIA ORTHOPAEDIC SOCIETY** (Tax ID# 55-0667004) and mailed to the WV ORTHOPAEDIC SOCIETY, PO Box 13604, Charleston, West Virginia 25360 or paid online at www.wvos.org. All funds should be submitted to WVOS within 30 days prior to program date.
 - B. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and prior approval of the WV ORTHOPAEDIC SOCIETY Office of CME.
 - C. No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (e.g. additional honoraria, extra social events, etc.).
 - D. The terms, conditions and purposes of the educational grant will be documented in this letter of agreement.

AGREEMENTS

The Commercial Supporter agrees to:

1. Abide by all requirements of the CAMC Health Education and Research Institute Standards for Commercial Support of Continuing Medical Education, and the provisions of the AMA's Code of Medical Ethics. Copies available from the WV ORTHOPAEDIC SOCIETY.

Commercial Company Authorized Representative:

Signature _____ Date _____

WEST VIRGINIA ORTHOPAEDIC SOCIETY agrees to:

1. Abide by the CAMC Health Education and Research Institute Standards for Commercial Support of Continuing Medical Education;
2. Publicly acknowledge educational support from the commercial company; and
3. Upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

WV ORTHOPAEDIC SOCIETY Authorized Representative:

Signature _____ Date _____