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**Membership Chairman**

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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 through Sunday, April 24-25, 2020, at Stonewall Resort in Roanoke, West Virginia.

The fee for Friday and Saturday exhibiting opportunities remains at \$500.

Friday's activities will focus on leisure and family and you are welcome to play golf with our physicians and participate in other activities. Saturday's sessions will focus on clinical topics for physicians relating to "Infections Across Orthopaedics." Topics for practice managers will include benchmarking and "Keeping the Doors Open When You Don't Have Doors."

We will have opportunities for you to meet with physicians and practice managers during leisure and social activities and during our breaks during the meetings on Saturday. Continental breakfast, morning and afternoon breaks will take place in the exhibit hall area Saturday. You may set up after 2:00 p.m. Friday and will need to be set up by 7:30 a.m. Saturday and you can close your booth after 4:00 p.m. We will have an outstanding array of speakers and are confident these practice managers and physicians will enhance our programs.

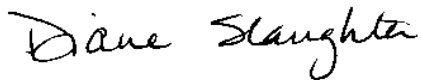
We are asking you to participate in the program as an exhibitor, as a sponsor or by providing an educational grant for our resident presentations. Whether you choose to exhibit, sponsor or provide a grant, we encourage you to take advantage of the opportunity to meet personally with physician and practice 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 24** by calling 888.278.8150 or 304.269.7400 and asking for the WVOS room block (or visit <https://reservations.travelclick.com/15435?groupID=2579218>). Rates are \$249 per person single/\$179 per person double per night (plus taxes and resort fee) and includes your sleeping room, meals, on-site 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 24 and mention you are with WVOS to get our special rate.

**We look forward to hearing from you by March 24, 2020, 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 24-25, 2020  
**Due March 24, 2020**

Name of company:

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Name, title and address of person responsible for agreement:

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Signature:

Telephone number:

Date:

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Name and type of products to be exhibited:

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Representatives scheduled to work booth:

Name

Email

Phone

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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](http://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 24, 2020. Refunds, less the \$50 processing fee, will be made after May 1, 2020, only if the space is resold. No refunds will be made for requests received after March 24, 2020.

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>West Virginia Orthopaedic Society</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> 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.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note:</b> 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 <b>not</b> 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.  <input type="checkbox"/> Other (see instructions) ▶ <b>Nonprofit Corporation</b>	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) <b>5</b>  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>PO Box 13604</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Charleston, WV 25360</b>	
<b>7</b> 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 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 whose number to enter.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									
5	5	-	0	6	6	7	0	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); 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 ▶ *Dane Slaughter*

Date ▶ 2 January, 2020

## 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](http://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*



# WVOS Letter of Agreement

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## TERMS, CONDITIONS, AND PURPOSES OF AN EDUCATIONAL GRANT

\_\_\_\_\_ agrees to support the WV ORTHOPAEDIC SOCIETY through an educational grant for the 2020 Spring Break Meeting taking place Friday thru Sunday, April 24-25, 2020.  
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](http://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 \_\_\_\_\_