

*Zen and the Art
of Orthopaedics
in West Virginia,
2025*

Exhibitor Packet

April 25-26, 2025



STONEWALL
RESORT



Welcome

February 2025

Dear Exhibitor,

You are invited to join the West Virginia Orthopaedic Society and the West Virginia Association of Orthopaedic Executives for our annual “Spring Break” Meeting. This year’s meeting will take place on Friday and Saturday, April 25 and 26, at Stonewall Jackson Resort in Roanoke, West Virginia. The program is co-provided by the CAMC Health Education and Research Institute. The theme of this year’s meetings is “Zen and the Art of Orthopaedics in West Virginia 2025.”

The fee for Friday activities and Saturday exhibiting is \$750.

Online conference registration is available at www.wvos.org, and payment can be made through PayPal. Hotel reservations must be made by **March 21** by calling 888.278.8150 or 304.269.7400 and asking for the WVOS room block. You can also make your room reservation [online](#). Rates are \$249 per person single/\$179 per person double on Friday night (plus taxes and resort fee) 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. Please **call 888-278-8150 by March 21** and mention you are with WVOS to get our special rate. *We have negotiated special room rates of \$151 per night for Thursday night and Saturday night.*

This year, we are including a variety of social events for everyone, so bring your family and friends to enjoy the fun. We will have a golf scramble tournament Friday morning, April 25. The tournament is open to the **first 24 players**, and foursomes will be assigned by the WVOS tournament director. If you’re interested in playing, please contact [Karim Boukhemis](#) by **March 21**. Golf rates are \$59 per person. Lunch is available in Stillwaters Restaurant. After dinner, join us for a “Fright Night Friday” to discuss cases with unexpected challenges that have made you think. We will have a special bourbon tasting, as well.

Bring a little extra cash and take the opportunity to buy \$20 raffle tickets to support the Josh Tuck Memorial Scholarship through the WV Association of Orthopaedic Executives; there will be a special prize for the winner.

We will have opportunities for you to meet with physicians and practice managers during leisure and social activities Friday, the educational session Friday night and during our meeting breaks on Saturday. Continental breakfast, morning and afternoon breaks will take place in the exhibit hall area Saturday. You may set up after 4:00 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. Saturday.

You are welcome to join us for lunch Saturday and sit in on sessions for physicians or practice managers. We will have an outstanding array of speakers and are confident these practice managers and physicians will enhance our programs.



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Shafic Sraj, MD

Vice President

Ryan Murphy, MD

Secretary-Treasurer

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Program Chairmen

John Taras, MD

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Matthew Dietz, MD

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Director

Juanita Dempsey

Executive Director

Diane Slaughter, APR, Fellow PRSA
304.984.0308

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.

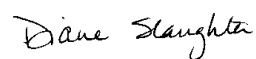
I have enclosed an exhibitor application, commercial support agreement and Standards for Commercial Support of Continuing Medical Education. The information also can be found at <http://www.wvos.org>. The conference agendas are contained in this document, as well. Payment should be made prior to the meeting.

I hope you will make an effort to attend our meeting this year. Drs. John Taras, Ryan Murphy and Matt Bullock have created an excellent program for our members and other attendees. Please register online or send your registration form and payment by **March 21, 2025**, to:

Diane Slaughter, CAE, APR, Fellow PRSA
WV Orthopaedic Society/WV Association of Orthopaedic Executives
PO Box 13604
Charleston, WV 25360-0604

We look forward to hearing from you by March 21, 2025, 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,



Diane Slaughter, APR, Fellow PRSA
Executive Director

Friday, April 25, 2025

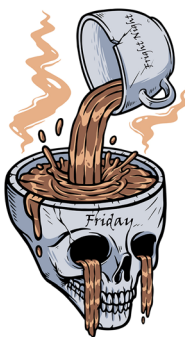
A day for fun and business!

According to the December 24, 2021, issue of [OrthoEvidence](#), 41,692 physicians in the United States who logged golf rounds in the US Golf Association database as of August 2018 were included in an observational study assessing differences in golf habits and performance across specialties. The results of this observational study suggest that amongst golfing physicians in America, the majority of whom are men, orthopaedic surgeons are amongst the most frequent and best golfers around.

This study was limited by the self-reported golf performance, which could be subject to bias due to an overstating of their golf ability. Future research is required to understand whether golf performance is associated with superior patient outcomes and physician wellbeing.

Prove them right and be among the first 24 physicians, residents, practice administrators and exhibitors to [register for our golf event!](#)

- | | | |
|-----------|---|-----------------|
| 8:30 a.m. | Scramble golf tournament | |
| 4:00 p.m. | Exhibit Hall Opens | Lower Foyer |
| 4:00 p.m. | Meeting of the WVOS Board of Directors | Greenbrier Room |
| 6:00 p.m. | Dinner in Stillwaters Restaurant | |
| 7:30 p.m. | Fright Night Friday:
Cases that made you think
(cash bar featuring bourbon tasting)
John Taras, MD, Moderator | Pecan Room |
| 9:30 p.m. | Adjourn for Friday | |



Saturday, April 26, 2025

Zen and the Art of Orthopaedics in WV, 2025

WVOS Program Committee: John Taras, MD, Ryan Murphy, MD and Matt Bullock, DO

7:30 a.m.	Registration/Breakfast with Exhibitors	Lower Foyer
8:00 a.m.	Welcome to WVOS 2025 Ryan Murphy, MD, WVOS Vice President	Pecan Room
8:05 a.m.	Morning Sessions John Taras, MD, Moderator	
8:10 a.m.	Upper extremity trauma case presentations Moderator John Taras, MD, WVU Orthopaedics, Morgantown Alexander Bitzer, MD, WVU Orthopaedics, Martinsburg Dan Grant, MD, WVU Orthopaedics, Morgantown	
9:15 a.m.	Malpractice awareness: Avoiding and dealing with getting sued Lynn Bazzoli, JD, WVU Legal Department, Morgantown	
10:00 a.m.	Refreshment Break/Visit Exhibitors	Lower Foyer
10:30 a.m.	Dr. Frank Shuler Memorial Resident Presentations John Taras, MD, CME Conference Chair, Moderator , MD, WVU Orthopaedics , MD, Marshall Orthopaedics , MD, WVU Orthopaedics , MD, Marshall Orthopaedics , MD, WVU Orthopaedics , MD, Marshall Orthopaedics	
12:00 p.m.	Lunch	Stillwaters
1:00 p.m.	Resident Awards John Taras, MD, West Virginia University	Pecan Room
1:20 p.m.	Robotic surgery in total joint replacement , MD,	
2:00 p.m.	Lower extremity trauma panel Joseph Parsons Karim Boukhemis, MD, Marshall Health, Huntington	
3:00 p.m.	Refreshment Break and Visit Exhibitors	Lower Foyer
3:30 p.m.	Orthopaedic education panel with Q&A Matthew Dietz, MD, WVU Orthopaedics Ali Oliashirazi, MD, Marshall Orthopaedics	
4:15 p.m.	What happened to medicine in the legislature? Joe Prud'homme, MD, WVU Thomas, Charleston Ret Topping, MD, Davis Hospital, Elkins	
4:45 p.m.	Annual business meeting All attendees	Pecan Room
5:30 p.m.	Meeting adjourns	



Saturday, April 26, 2025

Zen and the Art of Orthopaedics in WV, 2025

WVAOE Program Chair: Chad Fisher, JD

7:30 a.m.	Registration/Breakfast with Exhibitors	Lower Foyer
8:00 a.m.	Welcome to WVAOE 2025 Chad Fisher, JD, WVAOE President	Greenbrier Room
8:05 a.m.	Transitioning into retirement: The pot holes of the physician	
9:30 a.m.	Recruiting physicians to West Virginia: Selling the spouse on the Mountain State	
10:00 a.m.	Refreshment Break/Visit Exhibitors	Lower Foyer
10:30 a.m.	Mixing and matching orthopaedics and podiatry: Making it work Chad Fisher, JD, Marshall Health, Huntington	Greenbrier Room
11:15 a.m.	Managing satellite offices: Managing team culture and standards	
12:00 p.m.	Lunch	Stillwaters
1:00 p.m.	Resident Awards John Taras, MD, West Virginia University	Pecan Room
1:20 p.m.	Robotic surgery in total joint replacement , MD,	
2:00 p.m.	Lower extremity trauma panel Elias Joseph, MD, WVU Orthopaedics, Morgantown Parsons Karim Boukhemis, MD, Marshall Health, Huntington	
3:00 p.m.	Refreshment Break and Visit Exhibitors	Lower Foyer
3:30 p.m.	Orthopaedic education panel with Q&A Matthew Dietz, MD, WVU Orthopaedics Ali Oliashirazi, MD, Marshall Orthopaedics	
4:15 p.m.	What happened to medicine in the legislature? Joe Prud'homme, MD, WVU Thomas, Charleston Ret Topping, MD, Davis Hospital, Elkins Chad Fisher, JD, WVAOE President	
4:45 p.m.	Meeting adjourns	



Application for Exhibit Space or Sponsorship

West Virginia Orthopaedic Society and
West Virginia Association of Orthopaedic Executives
Stonewall Resort, Roanoke, WV

April 25-26, 2025

Due March 21, 2025

Name of company: _____

Name, title and address of person responsible for agreement:

Signature: _____ Date: _____

Cell number: _____ Email: _____

Name and type of products to be exhibited:

Representatives scheduled to work booth:

Name

Email

Cell Phone

FEES and TERMS:

_____ Exhibit space \$ 750/booth
_____ Breaks (3) sponsorship \$ 500/each
_____ Educational grant \$1500
_____ Resident prizes \$1500
_____ Friday reception \$2000
_____ Lunch sponsorship \$2000
_____ Speaker sponsorship \$2000
_____ Dry lab (truck option) \$3000

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 or sponsor refunds will be given if written request is received by March 21, 2025. Refunds, less the \$50 processing fee, will be made after May 1, 2025, only if the space is resold. No refunds will be made for requests received after March 21, 2025.

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

Send check and completed application to:

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

WVOS Letter of Agreement

TERMS, CONDITIONS, AND PURPOSES OF AN EDUCATIONAL GRANT

_____ agrees to support the WV ORTHOPAEDIC SOCIETY through an educational grant for the 2025 Spring Break Meeting taking place Friday thru Saturday, April 25-26, 2025.

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.)
 In the amount of \$ _____

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



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Vice President

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Juanita Dempsey

Executive Director

Diane Slaughter, APR, Fellow PRSA
304.984.0308

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 _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. West Virginia Orthopaedic Society	
2 Business name/disregarded entity name, if different from above	
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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input checked="" type="checkbox"/> C Corporation
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> S Corporation
<input type="checkbox"/> Other (see instructions) ▶ Nonprofit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Trust/estate
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 should check the appropriate box for the tax classification of its owner.	
5 Address (number, street, and apt. or suite no.) See instructions. PO Box 13604	Exempt payee code (if any) 5
6 City, state, and ZIP code Charleston, WV 25360	Exemption from FATCA reporting code (if any) _____
7 List account number(s) here (optional)	(Applies to accounts maintained outside the U.S.)
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 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.

Social security number									
or									
Employer identification number									
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 ▶ *Dave Slaughter*

Date ▶ 2 January, 2025

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.

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, later.



PO Box 13604
Charleston, WV 25360

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