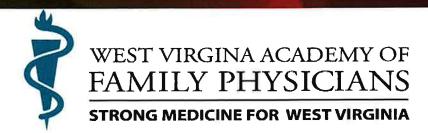
PROSPECTUS 2024

West Virginia Academy of Family Physicians

72nd Annual Scientific Assembly

MARCH 21-23, 2024

Embassy Suites, Charleston, WV





WHY EXHIBIT?

Over 8 Hours of dedicated exhibit time with more than 300 Family Physicians

Great Exhibit Visitation-participants receive an exhibit visitation card for each day that must be initialed by exhibitors in order to be eligible for some great door prizes.

What's Provided: Skirted Table, Electric, Wireless Internet and Exhibit Description in assembly program. List of all conference attendees will be provided at the conclusion of the program.

Plan to participate! Great Attendance(300+), Great Food & Great Location!

\$2000-"PRIME LOCATION DISPLAY":

8 x 10 Ft. Prime Location Space to accommodate display

Special Recognition in the Assembly Program, Website, Newsletter and complete registration contact list.

I Full page advertisement in the assembly program

\$1200-FLOOR DISPLAY 8 Ft. space to accommodate a floor standing display

\$1000-TABLE TOP DISPLAY 6 Ft. table top exhibit

\$2500-SILVER SUPPORTER: Exhibit Space, full page ad in assembly program, acknowledgement in Family Doc Newsletter, Webpage Acknowledgement, WVAFP Membership list (approx. 900+)

Other Sponsorship Opportunities:

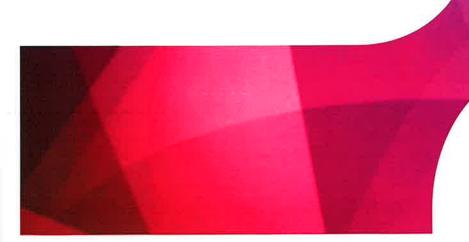
Break, Breakfast or Lunch(Advertisement of Sponsorship in Assembly Program and Signage at event) \$2500 Advertising Opportunities: Portfolio Ad Insert -\$500(includes full color Printing

Assembly Program Advertising: Full Page-\$500/ Half Page-\$250/ Quarter Page-\$100

Contact: Trina Litton, Executive Assistant-

trina.litton@gmail.com Phone: (304) 562-4433

We will be happy to discuss questions, concerns or special arrangements.



West Virginia Academy of Family Physicians 72nd Annual Scientific Assembly

March 21-23, 2024

Please complete this form or you can register online: www.wvafp.org Phone: 304-562-4433 Fax: 304-562-4469 Mailing Address: WVAF	P, 2632 Main Street, Hurricane, WV 25526
Company PLEASE PRINT Name:	
COMPANY CONTACT INFORMATION: Contact Name: (Correspondence concerning the program will be forward)	Title:
Street Address:	
City, State & ZipEmail	Address:
# Booths \$1000 Table Top Display(6' table top) # Booths \$1200 Floor Display (8' space) # Booths \$2000 Prime Location	Exhibit Fee
☐ Additional Advertisement in Assembly Program(refer to informat Total	ion listing)
What products, services or equipment will you be displaying. Exhibit Description to be listed in Exhibit Program: 50 words or less.	May attach under separate cover or on reverse.
Please make check payable to: WVAFP Tax ID# 55-0419-533 Online	Registration www.wvafp.org
Payment: Check Enclosed Check will be mailed Visa Maste Note: You may also call WVAFP to have your card processes	
Card# Expiration Date	CVV 3 digit
3illing Address	Billing Zip Code
Signature	_
ACCEPTANCE AS BINDING CONTRACT FOR EXHIBITOR We agree to accept the space assigned to us by the WVAFP in the even hat until you receive this contract properly executed, no definite reserve of a exhibit and payment. Payment is still due in the event of cancellating the property of the event of cancellating the property of the event of the eve	ations will be made. We understand that signing the contract binds us
Vame: Title:	
Signature: Date:	
Accepted by: Date:	
Need addition paperwork? Email trina.litton@gmail.com W-9 forms a	are available on our website: wvafp.org(under meeting tab)

West Virginia Academy of Family Physicians @ Embassy Suites, Charleston, WV 72nd Annual Scientific Assembly March 21-23, 2024



- The Embassy Suites Hotel has reserved a block of suites at the rate of \$149.00/single, \$149.00/double \$159.00/triple, \$169.00/quad
- To reserve a suite at this rate, please make your reservation by 03/01/24 by calling 1-800-EMBASSY or go online to www.embassysuitescharlestonwv.com or cut and paste the following link: Booking Link:
- Booking Link:
 - https://www.hilton.com/en/book/reservation/rooms/?ctyhocn=CRWEMES&arrivalDate=2024-03-21&departureDate=2024-03-
 - 23&groupCode=904&room1NumAdults=1&cid=OM%2CWW%2CHILTONLINK%2CEN%2CDirectLink
- After 03/01/2024 date the rooms will no longer be available @ the rate listed above. Please note that the Embassy web site details points of interest in the Charleston area.
- You must use the **C-904 code** name when making reservations in order to receive the discounted rate. Online you will enter **C-904 code** in the group/convention code space.
- Check-In time is 4:00 PM and Check-Out time is 12:00 PM. Requests for early arrival, late departure, room type
 or floor assignments cannot be guaranteed. Reservations must be cancelled by 4:00 PM the day of arrival to
 avoid charges.
- The complimentary breakfast is available Weekdays 6:00 AM 9:00 AM and Weekends 7:00 AM 10:30 AM.
- Join us for the Manager's Reception from 5:30 PM 7:30 PM each evening. This includes complimentary cocktails, nonalcoholic beverages tickets will be provided

300 Court Street; Charleston, WV 25301 www.EmbassySuitesCharlestonWV.com Telephone: 304-347-8700 Fax: 304-345-8276

FROM I-64 East...HUNTINGTON, KENTUCKY & OHIO

Take the Lee Street Exit #58C. At the light turn RIGHT onto Lee Street. Follow Lee Street 3 blocks. Embassy Suites is on the LEFT.

FROM I-77 SOUTH...PARKERSBURG & OHIO

Take the Washington Street Exit #58C. Go through the 1st light. At the 2nd light turn LEFT onto Lee Street. Follow Lee Street 3 blocks. Embassy Suites is on the LEFT.

FROM I-79 SOUTH...PITTSBURGH, MORGANTOWN & FAIRMONT

Take the Washington Street Exit #58C. Go through the 1st light. At the 2nd light turn LEFT onto Lee Street. Follow Lee Street 3 blocks. Embassy Suites is on the LEFT.

FROM 1-77 NORTH...BECKLEY, VIRGINIA & NORTH CAROLINA

On I-77 North you will veer RIGHT to I-64 West. From I-64 West take the Washington Street Exit #58C. Go through the 1st light. At the 2nd light turn LEFT onto Lee Street. Follow Lee Street 3 blocks. Embassy Suites is on the LEFT.

FROM YEAGER AIRPORT

Take Airport Road down to Greenbrier Street. Take I-64 West. Take the Leon Sullivan Way Exit. At light turn RIGHT on Washington Street. Follow Washington Street 3 blocks. Embassy Suites is on the LEFT.

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.

$\overline{}$	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.															
	WVAFP												_				
[Business name/disregarded entity name, if different from above																
	West Virginia Academy of Family Physicians																
page 3	following seven boxes.								4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):								
e. ns on	Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC							Exempt payee code (if any)									
ty de	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶																
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not could find the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LL another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LL is disregarded from the owner should check the appropriate box for the tax classification of its owner.						code (if any)										
ecifi	✓ Other (see instructions) ► Non-Profit Association						(Applies to accounts maintained outside the U.S.)										
Š	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name an								nd address (optional)								
See	2632 Main Street																
-	6 City, state, and ZIP code																
Hurricane, WV 25526 7 List account number(s) here (optional)																	
	List account number (s) here (optional)																
Par	Taxpayer Identification Number (TIN)			,													
Enter	our TIN in the appropriate box. The TIN provided must match the name	given on line 1 to avo	oid	Soc	cial se	curity	num	ber	,	_		_					
backu	o withholding. For individuals, this is generally your social security numl at alien, sole proprietor, or disregarded entity, see the instructions for P	ber (SSN). However, to art I. later. For other	ora				-	1	-								
entities	;, it is your employer identification number (EIN). If you do not have a nu	umber, see How to get															
TIN, la		Alco coo What Name	r	or Em	plove	r iden	tifica	tion r	numt	er		\neg					
Note:	f the account is in more than one name, see the instructions for line 1. er To Give the Requester for guidelines on whose number to enter.	AISO See What Name a	2/10				T	T									
Tanibor to direction to guidante and the second to the sec				5	5	·= () 4	1	9	5	3	3					
Part	II Certification																
	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																	
	FATCA code(s) entered on this form (if any) indicating that I am exempt	t from FATCA reporting	g is corr	ect.													
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.												use					
Sign Here	Signature of U.S. person ► Kuna Rh. Hor	، د	Date ►			-	18	-	2	4							
Ger	eral Instructions	• Form 1099-DIV (div	/idends,	inc	ludin	g tho	se fro	m st	ock	s or	muti	ual					
Section noted.	references are to the Internal Revenue Code unless otherwise	Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)															
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted bey were published, go to www.irs.gov/FormW9.	 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) 															
		Form 1099-S (proceeds from real estate transactions)															
Pur	oose of Form	• Form 1099-K (merchant card and third party network transactions)															
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 (ATIN), or employer identification number		 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) 															
		• Form 1099-C (cand		-	ando	nmer	t of s	2001	ed r	nron-	art v						
		 Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident 															
(EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information		alien), to provide your correct TIN.															
	include, but are not limited to, the following. 1099-INT (interest earned or paid)	If you do not return be subject to backup	do not return Form W-9 to the requester with a TIN, you might ct to backup withholding. See What is backup withholding,														

later.