



**WVAFP 66th Annual
Scientific Assembly**

PROSPECTUS

APRIL 12-14, 2018
Embassy Suites, Charleston, WV



WEST VIRGINIA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR WEST VIRGINIA

PHONE: (304) 562-4433
Contact: Trina Litton- trina.litton@gmail.com
www.wvafp.org

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.

Breakfast, Lunch and Breaks are setup in the exhibit hall & provided free of charge for all registrants and Exhibit Representatives.

**West Virginia Academy of Family Physicians
66th Annual Scientific Assembly
April 12th -14th , 2018 Embassy
Suites, Charleston, WV**

Tentative Exhibit Schedule

Exhibit Hours: Choose Your Day/Days

Thursday, April 12th

*Setup Available All Day or by 10:00 am Break
to Exhibit for Thursday*

10:00 am – Break

12:15 pm 1:00 pm Lunch

3:15 pm - Break

4:00 pm – Exhibit Area will close to CME participants(setup continues)

Friday, April 13th

6:00 am – 7:00 am Last Chance to Setup Exhibits

7:00 am – 8:30 am Breakfast/Exhibit Visitation

10:00 am –10:30 am Break/Exhibit Visitation

12:00 pm – 1:00 pm Lunch/Exhibit Visitation

3:00 pm – 3:30 pm Break/Exhibit Visitation

4:00 pm Exhibit Area Closed for the Day

Saturday, April 14th

7:00 am – 8:30 am Breakfast/Exhibit Visitation


10:00 am –10:30 am Break/Exhibit Visitation

12:15 pm – 1:15 pm Lunch/Exhibit Visitation

3:00 pm – 3:30 pm Break/Exhibit Visitation

3:30 pm Exhibitors Grand Prize Drawing

3:30 – 5:00 pm Exhibits May Be Dismantle



Over 300
Attendees
will be present

APPLICATION/EXHIBIT FORM – April 12-14, 2018

WEST VIRGINIA ACADEMY OF FAMILY PHYSICIANS

2018 ANNUAL SCIENTIFIC ASSEMBLY at the Embassy Suites, Charleston, WV

Contact Information: Phone (304) 562-4433 Fax (304) 562-4469 Email: trina.litton@wvafp.org

PLEASE PRINT - COMPANY CONTACT INFORMATION:

Company Name: _____

Contact Name: _____ Title: _____

(Correspondence concerning the program will be forwarded to this person)

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

ASSIGNMENT INFORMATION Assignment of exhibit space, we will try our best to keep Competitors separate. To assist us, please list any companies that have product lines competitive with yours(if applicable): _____

Exhibit 1, 2 or 3 Days - Your choice/same fee

SPACE REQUEST - Exhibit Space:

Booths _____ \$1000 Table Top Display(6' table top)

Booths _____ \$1200 Floor Display

Booths _____ \$2200 Prime Location

Exhibit Fee _____

Additional Advertisement in Assembly Program (refer to information listing) _____

Total _____

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

Payment: Check Enclosed Check will be mailed Visa Mastercard American Express Discover

Note: You may also call WVAFP to have your card processed

Card# _____ Exp. _____

Billing Address Zip Code _____ Signature _____

ACCEPTANCE AS BINDING CONTRACT FOR EXHIBITOR

We agree to accept the space assigned to us by the WVAFP in the event none of the spaces designated above are available. We understand that until you receive this contract properly executed, no definite reservations will be made. We understand that signing the contract binds us to a exhibit and payment. Payment is still due in the event of cancellation. **CONTRACT MUST BE SIGNED BY RESPONSIBLE PERSON OF YOUR COMPANY.**

Name: _____ Title: _____

(Please Print)

Signature: _____ Date: _____

Accepted by: _____ Date: _____



**American Academy of Family Physicians – WV Chapter
Wednesday, March 29th**

Embassy Suites Hotel

300 Court Street ~ Charleston, WV 25301

www.EmbassySuitesCharlestonWV.com

Telephone: 304-347-8700 Fax: 304-345-8276

- The Embassy Suites Hotel has reserved a block of suites at the rate of **\$134.00/single, \$134.00/double \$144.00/triple, \$154.00/quad**
- To reserve a suite at this rate, **please make your reservation by 03/6/17** by calling 1-800-EMBASSY or go online to www.embassysuitescharlestonwv.com. **After 03/16/15 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 **AAP 3 letter code** name when making reservations in order to receive the discounted rate. Online you will enter this **AAP 3 letter 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. The breakfast includes a made-to-order omelet station along with your favorite breakfast items.
- Join us for the Manager's Reception from 5:30 PM – 7:30 PM each evening. This includes **complimentary cocktails, non-alcoholic beverages and light snacks**.
- Embassy Suites offers a **complimentary shuttle** to and from Yeager Airport. Also available is an indoor pool, sauna, whirlpool and exercise facility and a 24-hour business center.

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 I-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**.

EXHIBIT AND SPONSORSHIPS:

\$2200—"PRIME" LOCATION DISPLAY

- 8 X 10 Ft. Prime Location Space to accommodate display
- Special Recognition in the Assembly Program, Website, Newsletter and Signage
- 1 Full page advertisement in the assembly program

\$1200—FLOOR DISPLAY 8 Ft. Floor space to accommodate 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+)

\$3000—GOLD SUPPORTER: Prime Display(8 X 10) Space, Full page ad In assembly program, Webpage link to your company link on WVAFP Website, WVAFP Membership List (approx. 900+), Four quarterly half Page color ads in the "Family Doc" Newsletter

Other Sponsorships Opportunities: Breakfast, Break or Lunch—Sponsorship—\$2500

Advertising Opportunities: Portfolio Inserts—\$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

WHY EXHIBIT?

1. Over 8 Hours of dedicated exhibit time with more than 300 Family Physicians
2. Great Exhibit Visitation—participants receives 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 join us! Great Attendance, Great Food & Great Location!

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 Academy of Family Physicians	
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 type="checkbox"/> Exempt payee <input checked="" type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 2632 Main Street	Requester's name and address (optional)
City, state, and ZIP code Hurricane, WV 25526	
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 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.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								
5	5	-	0	4	1	9	5	3

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 ▶ Date ▶

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.