

West Virginia Academy of Family Physicians
67th ANNUAL ASSEMBLY

CHARLESTON WV 2019

EXHIBITOR PROSPECTUS



Meeting Dates: April 4-6, 2019

Exhibit Dates:

Thursday, April 4th &

Friday, April 5th, 2019

Charleston Coliseum & Convention Center (Civic Center)
Charleston, WV

visit us @ www.wvafp.org/meetings/



WEST VIRGINIA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR WEST VIRGINIA

APPLICATION/EXHIBIT FORM – APRIL 4 & 5, 2019

WEST VIRGINIA ACADEMY OF FAMILY PHYSICIANS

2019 ANNUAL SCIENTIFIC ASSEMBLY at the Charleston Civic Center, 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): _____

SPACE REQUEST - Exhibit Space:

Booths _____ \$1100 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: _____

**West Virginia Academy of Family Physicians
67th Annual Scientific Assembly**

April 4 & 5, 2019

Charleston Civic Center, Charleston, WV

Exhibit Schedule

Exhibit Setup:

Wednesday, April 3rd – after 6:00 pm

Thursday, April 4th

Please Setup by the 10:00 am break

10:00 am – Break

12:15 pm 1:00 pm Lunch

3:00 pm - Break

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

Friday, April 5th

6:00 am – 7:00 am Setup Exhibits

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


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

12:15 pm – 1:00 pm Lunch/Exhibit Visitation

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

3:45 pm Exhibit Grand Prize Drawing

3:45 pm Dismantle - Following Grand Prize Drawing



Over 300+
Family Medicine
Physicians & HCP

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
WVAFP

2 Business name/disregarded entity name, if different from above
West Virginia Chapter American Academy of Family Physicians

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ **NON-Profit**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
2632 Main Street

6 City, state, and ZIP code
Hurricane, WV 25526

7 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 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 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

			-			-			
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or

Employer identification number

5	5	-	0	4	1	9	5	3	3
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Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ _____

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Special Announcement:

Embassy Suites, Charleston, WV. The hotel lobby & meeting space is being renovated. Therefore, the Assembly Program will be held at the New Charleston Coliseum & Convention Center(formally Civic Center).

Embassy Suites will still remain the housing hotel for our assembly guests. Embassy Suites has apologized for the inconvenience and has agreed to **cover free hotel parking(\$15 per day) and internet access(\$10 per day) at no additional charge. All rooms include free breakfast buffet and the free drinks and snacks from 5:30pm – 7:30 pm daily. Visit www.wvafp.org for the “Housing Link” for registration information.**

A free shuttle bus will be transporting attendee’s from the hotel to the conference center. It is a 10 minute walk from the hotel lobby to the convention center.



April 3-6, 2019

Special Announcement: *Embassy Suites, Charleston, WV. The hotel lobby & meeting space is being renovated. Therefore, the Assembly Program will be held at the Charleston Coliseum & Convention Center(formally Civic Center).*



*Embassy Suites has apologized for the inconvenience and has agreed to cover **free parking and internet access at no additional charge.***

A shuttle bus will be transporting attendee's from the hotel to the conference center. It is a 10 minute walk through Charleston Town Center.

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

- 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** Room Block code(if calling to reserve – AAP (3 letter code)
- To reserve a suite at this rate, **please make your reservation by 03/22/19** by calling 1-800-EMBASSY or go online to www.embassysuitescharlestonwv.com or cut and paste the following link:
- Your HiltonLink is: <http://embassysuites.hilton.com/en/es/groups/personalized/C/CRWEMES-AAP-20190401/index.jhtml> or click on the link at www.wvafp.org tab under meetings
- 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.

The advertisement is a rectangular graphic with a blue border. On the left, it features the text "TRANSFORMATION 2019" in large bold letters, followed by "TAKE A PEEK INTO OUR FUTURE TRANSFORMATION!" and the Embassy Suites logo. Below the logo, it says "THE CHIC AND SOPHISTICATED NEW LOOK OF EMBASSY SUITES BY HILTON CHARLESTON, WV!" and a "CLICK HERE" link. On the right, there is a list of renovation items: "Redesigned Atrium", "NEW Lobby Bar", "Ballroom Makeover", "Guest Suites Reimagined", and "Pool & Fitness Upgrades". To the right of the list are small images of a chair, a table, a light fixture, a stool, and a table.