

PROSPECTUS 2020

West Virginia Academy of Family Physicians 68th ANNUAL SCIENTIFIC



*Save
the
Date*

MARCH 26-28, 2020

Embassy Suites, Charleston, WV



West Virginia Academy of Family Physicians 68th Annual Scientific Assembly

Exhibit Hours:

Thursday, March 26th

We will have CME sessions going on this day. If you would like to stay and exhibit you are welcome to do so.

Break @ 10:00am – 10:15 am

Lunch@12:15 – 1:00 pm

Break 3:00 – 3:30 pm

Friday, March 27th

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

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

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

3:45 pm Exhibitors Grand Prize Drawing

4:00 pm Exhibit Area Closed for the Day

(Door Prize drawing will be held at the end of Friday- YOU ARE MORE THAN WELCOME TO JOIN US AGAIN ON SATURDAY.

Saturday, March 28th - OPTIONAL DAY TO REMAIN

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

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

12:30 pm – 1:15 pm Lunch/Exhibit Visitation

Dismantle Exhibits after the lunch break

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 join us! Great Attendance, Great Food & Great Location!

\$2200-"PRIME" LOCATION DISPLAY

- 8 x10 Ft. Prime Location Space to accommodate display
- Special Recognition in the Assembly Program, Website, Newsletter and
- 1Full page advertisement in the assembly program

\$1200-FLOOR DISPLAY 8 Ft. Floor space to accommodate display

\$1100-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: 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

WEST VIRGINIA ACADEMY OF FAMILY PHYSICIANS
68th ANNUAL SCIENTIFIC ASSEMBLY – MARCH 26-28, 2020

Company Name: _____ PLEASE PRINT
COMPANY CONTACT INFORMATION:
Contact Name: _____ Title: _____
(Correspondence concerning the program will be forwarded to this person)
Street Address: _____

Exhibit – Easy as 1 -2 -3.....One fee entitles you to your choice of exhibit days – Thursday, Friday and/or Saturday

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# _____ Expiration Date _____ CVV 3 digit _____
Billing Address _____ Zip Code _____

Signature _____
Or you may call 304-562-4433 to have card processed over the phone

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: _____

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 Chapter American Academy of Family Physicians	
2 Business name/disregarded entity name, if different from above WVAFP	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" 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) ▶ _____ 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. <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 2632 Main Street	Requester's name and address (optional)
6 City, state, and ZIP code Hurricane, WV 25526	
7 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.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
5 5 - 0 4 1 9 5 3 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); 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 ▶	Date ▶ 2-4-20
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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.



*American Academy of Family Physicians - WV Chapter
Wednesday, March 25th*

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 \$139.00/single, \$139.00/double \$149.00/triple, \$159.00/quad
- To reserve a suite at this rate, please make your reservation by 02/24/2020 by calling 1-800-EMBASSY or go online to www.embassysuitescharlestonwv.com. After 02/24/2020 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 AMA 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 1-64 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 1-77 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 1-79 SOUTH...PITTSBURGH, MORGANTOWN & FAIRMONT

Take the Washington Street Exit #SBC. 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 1-77 North you will veer RIGHT to 1-64 West. From 1-64 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 1-64 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.