

# PRIMARY CARE UPDATE

November 16–30, 2021  
Virtual Conference | Hosted on [osu-cme.com](https://osu-cme.com)



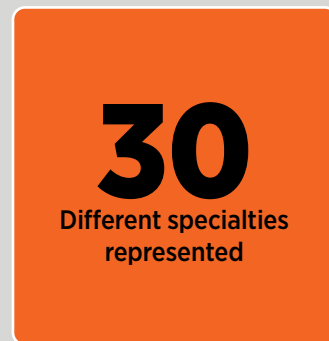
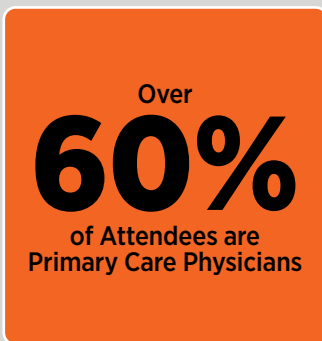
**CONTINUING MEDICAL EDUCATION**

OSU Center for Health Sciences

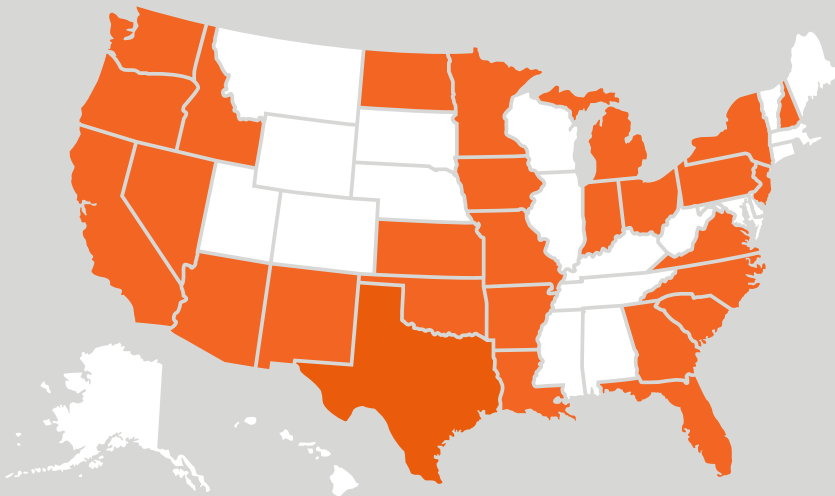
# JOIN US!

The 2021 Primary Care Update is planned for physicians with emphasis on problems encountered by the primary care practitioner on a daily basis. The goal of this conference is to enhance the knowledge of primary care providers, thereby improving patient care outcomes. Participants in this program will become aware of new updates in family medicine, pediatrics, internal medicine, psychiatry, obstetrics & gynecology and medical/legal issues.

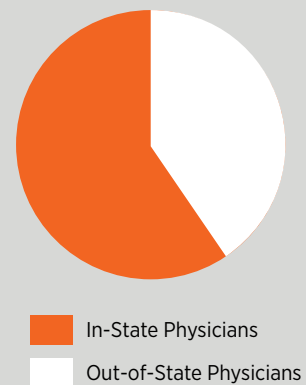
## 2020 VIRTUAL PRIMARY CARE UPDATE STATISTICS



Attendee States Represented



Attendees from Oklahoma



## Virtual Exhibit Hall

### Virtual Exhibit Benefits

- Exhibitor will pre-record a video (5 minutes max) about your organization. You may talk about what your organization does, what you are looking for, how physicians can get involved, etc. This recording is an opportunity to express what you would usually say to someone who would come up to your booth.
- On the exhibit hall page you will have a link to your video, website, and one digital marketing material (brochure, ad, etc.) We will also include all exhibitor logos on the side of the page.
- The CME Lectures will be recorded and available November 16 – 30, 2021 for all participants. This allows two weeks for the virtual exhibit hall to be viewed by attendees, expanding your exposure.
- Recognition in digital conference program, if logo is provided before September 24, 2021.

# Virtual Exhibitor Application and Agreement

Oklahoma State University College of Osteopathic Medicine | Continuing Medical Education Office  
2021 Primary Care Update November 16 - 30, 2021 | Virtual CME Conference

## Exhibit Options

Exhibit Cost:  \$750

## Company Information (Please print) \*If you would like your company logo used please provide in electronic form.

Contact Name: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_ Cell/Office Phone: (\_\_\_\_) \_\_\_\_\_

## Exhibitor Agreement

- Virtual exhibit space will not be reserved until signed applications, contracts, and payment are received. **After submission of application OSU-CME will process payment and send an official contract to sign.**
- This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest.
- In order to receive a refund, written notice of cancellation must be made at least 14 days prior to the beginning of this activity.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please keep a copy of this form for your files. Questions: 1-800-274-1972 or [osu.cme@okstate.edu](mailto:osu.cme@okstate.edu)**

**Submit to: OSU-COM CME Office with form of payment and company logo in electronic form by Sept. 24, 2021.**

**Fax: 918-561-1433**

**Mail: OSU-COM CME Office Suite 238**

1111 W. 17th St.  
Tulsa, OK 74107-1898

## Payment Information

Credit card:  Visa  MasterCard  American Express  Discover

Charge Amount: \$ \_\_\_\_\_ Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Please make checks payable to **OSU-COM,**  
Federal Tax ID #73-1383996.

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Oklahoma State University College of Osteopathic Medicine		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note.</b> 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. <input checked="" type="checkbox"/> Other (see instructions) ▶ _____		<b>4</b> 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>
	<b>5</b> Address (number, street, and apt. or suite no.) 1111 W. 17th St.		<b>Requester's name and address (optional)</b>
	<b>6</b> City, state, and ZIP code Tulsa, OK 74107		
	<b>7</b> 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 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.

**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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
7	3	-	1	3	8	3	9	9	6

**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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Ashley Groom</i>	Date ▶ <i>12/1/2020</i>
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**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](http://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.