

JOIN US!

The 2020 Pain Management Symposium's objective is to provide primary care physicians an overview of the most recent research and recommended techniques for diagnosing, treating, and managing pain in patients in both rural and urban settings.

2019 PAIN MANAGEMENT SYMPOSIUM STATISTICS

16

different specialties
represented

More than

75%

in-state physicians

Over

80

registered participants

GREAT PARTICIPANT FLOW!

Exhibitors will be located in the Tandy 4th floor conference center.

Meal functions and refreshments are located in these areas to facilitate circulation around the exhibits.

Drawings or giveaways are highly encouraged to increase visitation to your exhibit booth!

Exhibitor Schedule

Friday, July 24	Saturday, July 25
3:00 – 5:00 p.m. Exhibit Set Up	6:30 a.m. Exhibit Set Up
<p>Cost \$400 – one 6-foot table</p> <p>Price includes:</p> <ul style="list-style-type: none"> • Recognition in conference program, if logo is provided before June 12, 2020. • Breakfast, lunch and refreshment breaks in the exhibit hall. • One copy of the meeting program. • Registered participant names and specialties emailed after conference. • Each six-foot draped table comes with two chairs, wastebasket, name badges and power. 	7:00 a.m – 4:00 p.m. Exhibits Open
	7:00 – 8:00 a.m. Breakfast
	10:00 – 10:15 a.m. Break
	12:15 – 1:15 p.m. Lunch
	3:15 – 3:30 p.m. Break
	4:00 – 4:30 p.m. Exhibit Break Down

Sponsorship Opportunities

- Featured on OSU CME monthly newsletter.
- Displayed on OSU CME Pain Management Symposium program page.
- Recognition in conference program, if logo is provided before June 12, 2020.
- One copy of the meeting program.
- Registered participant names and specialties emailed after conference.
- Notebook, lanyard, pens and tote bag sponsors will have logo on specified item passed out to all conference attendees at registration.
- OSU CME will order sponsorship materials if applicable. Logo must be provided before June 12, 2020 to order materials.

Notebooks \$1,250	Lanyard \$625	Pens \$500	Tote Bags \$500	Charging Station \$500	Afternoon Break \$500
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Gain access to hundreds of physicians and allied health professionals.

Exhibitor & Sponsorship Application and Agreement

Oklahoma State University College of Osteopathic Medicine | Continuing Medical Education Office
2020 Pain Management Symposium, July 25, 2020 | OSU-CHS - Tulsa, OK

Exhibit Options (Please check all that apply)

Exhibit Cost: \$400 (one 6-foot table)

Sponsorship Opportunities: (Please check all that apply)

Notebook: \$1,250

Lanyard: \$625

Pens: \$500

Tote Bags: \$500

Charging Station: \$500

Afternoon Break: \$500

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

Contact Name: _____

Company: _____

Email: _____ Cell/Office Phone: (____) _____

Names for exhibitor badge(s).

1. _____ 2. _____ 3. _____ 4. _____

Exhibitor/Sponsor Agreement

- Sponsorship and exhibit space will not be reserved until signed applications, contracts, and payment are received. **After submission of application OSU-CME will send an official contract to sign.**
- This activity is for scientific and educational purposes only and will not promote any specific proprietary business interest.
- Special written agreement must be made in advance if two or more companies or groups wish to exhibit in a single space.
- 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

Submit to: OSU-COM CME Office with form of payment and company logo in electronic form by June 12, 2020.

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: _____

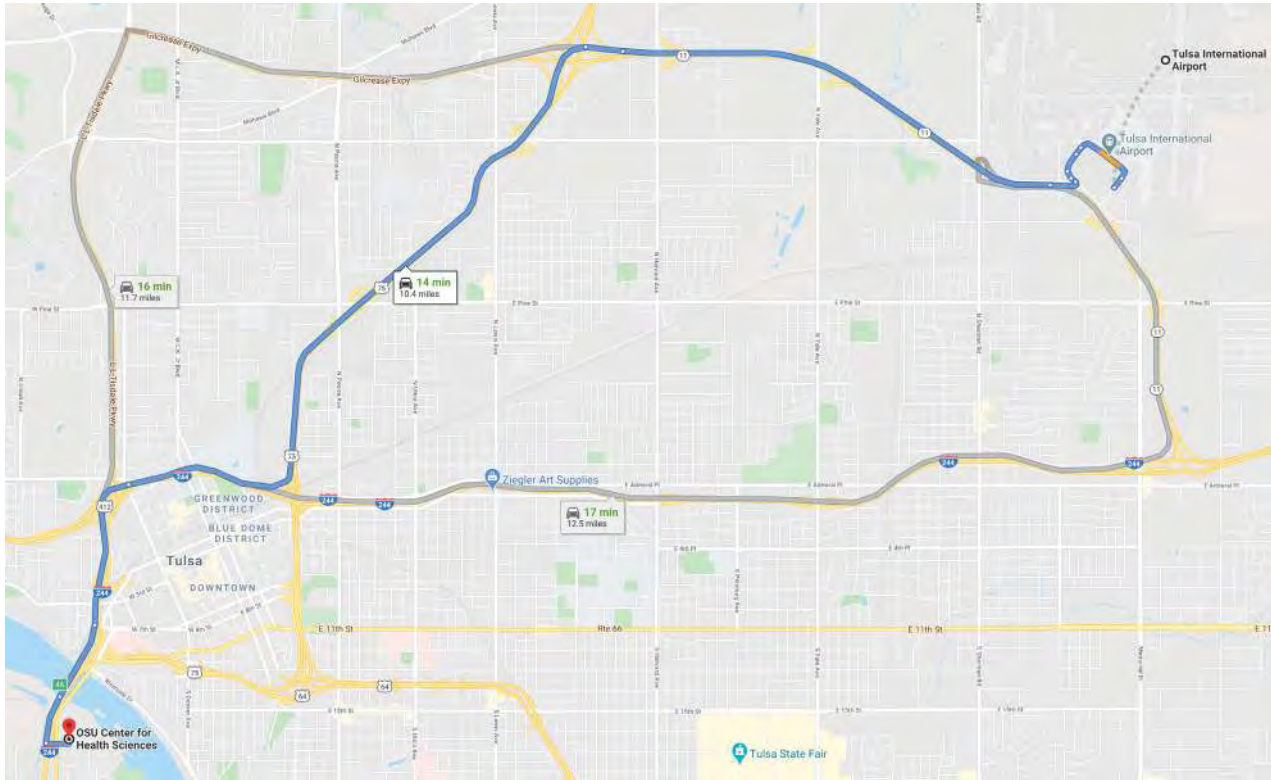
Check # _____ in the amount of \$ _____

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

A.R. & Marylouise Tandy Academic Building

OSU Center for Health Sciences Campus | 1111 W. 17th Street, Tulsa, OK 74107

More information is available at the CME website: osu-cme.com



NEARBY HOTELS

DoubleTree Downtown
616 W. 7th Street, Tulsa, OK 74127

Holiday Inn Tulsa City Center
17 W. 7th Street, Tulsa, OK 74119

LOCAL ATTRACTIONS

BOK Center
Gathering Place
Philbrook Museum
Gilcrease Museum
Guthrie Green

DOWNTOWN DINING

Ti Amo Ristorante
The Boiler Room at The Mayo Hotel
El Guapo
Yokozuna

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. Oklahoma State University College of Osteopathic Medicine	
2 Business name/disregarded entity name, if different from above	
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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> S Corporation
<input checked="" type="checkbox"/> Other (see instructions) ▶ State Agency	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Trust/estate
5 Address (number, street, and apt. or suite no.) See instructions. 1111 W 17th St.	
6 City, state, and ZIP code Tulsa, OK 74107	
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 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													
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7	3	-	1	3	8	3	9	9	6				

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 ▶ 12/16/2019
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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-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.*