

# ADDICTION MEDICINE CONFERENCE

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September 9-13, 2020

Oklahoma State University Center for Health Sciences  
Tulsa, OK



**CONTINUING MEDICAL EDUCATION**

OSU Center for Health Sciences

# JOIN US!

The only five-day addiction medicine conference in Oklahoma focused on bringing together physicians, counselors, social workers, law enforcement and lawyers. This conference will include:

## **ADDICTION & LAW | September 9, 2020**

Addiction & Law will explore the legal aspects of addiction for our state and nation for law enforcement, judiciary, clinicians and physicians. We will look at the intersection of addictive substances, the law, and the criminal justice system providing research and knowledge for those on the front lines to better understand addiction in Oklahoma.

## **UPDATE IN ADDICTION MEDICINE | September 10, 2020**

In this conference, we will review the latest and greatest in research and treatment in addiction medicine in the state of Oklahoma. This conference will also include the State of Addiction panel, highlighting changes in the state over the past year and where we are headed.

## **FOUNDATIONS IN ADDICTION MEDICINE | September 11, 2020**

This 3-day course provides an in-depth overview of the field of addiction medicine. It is designed to be a “crash course” for those interested in learning more about addiction medicine or a review course for those wanting to sit for the addiction medicine exam. Please note this conference will include materials from the 2019 Addiction Medicine Board Review.

## **2019 ADDICTION MEDICINE CONFERENCE STATISTICS**

More than  
**90%**  
in-state participants

**13**  
different specialties  
represented

Over  
**100**  
registered participants

## GREAT PARTICIPANT FLOW!

Exhibitors will be located in the foyer just outside the main conference room.

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

<b>Tuesday, September 8</b>	<b>Wednesday, September 9</b>	<b>Thursday, September 10</b>	<b>Friday, September 11</b>
3:00 – 5:00 p.m. <b>Exhibit Set Up</b>	6:30 a.m. <b>Exhibit Set Up</b>	7:00 a.m – 5:00 p.m. <b>Exhibits Open</b>	7:00 a.m – 5:00 p.m. <b>Exhibits Open</b>
	7:00 a.m – 5:00 p.m. <b>Exhibits Open</b>	7:00 – 8:00 a.m. <b>Breakfast</b>	7:00 – 8:00 a.m. <b>Breakfast</b>
	7:00 – 8:00 a.m. <b>Breakfast</b>	10:00 – 10:15 a.m. <b>Break</b>	10:00 – 10:15 a.m. <b>Break</b>
	10:00 – 10:15 a.m. <b>Break</b>	12:15 – 1:15 p.m. <b>Lunch</b>	12:15 – 1:15 p.m. <b>Lunch</b>
	12:15 – 1:15 p.m. <b>Lunch</b>	3:15 – 3:30 p.m. <b>Break</b>	3:15 – 3:30 p.m. <b>Break</b>
	3:15 – 3:30 p.m. <b>Break</b>		4:00 – 4:30 p.m. <b>Exhibit Tear Down</b>

### Exhibit Options

- Recognition in conference program, if logo is provided before July 24, 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.

### Cost

**\$750** – one 6-foot table

## Sponsorship Opportunities

- Featured on OSU CME monthly newsletter.
- Displayed on OSU CME Addiction Medicine program page.
- Recognition in conference program, if logo is provided before July 24, 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 upon registration.
- OSU CME will order sponsorship materials if applicable. Logo must be provided before July 24, 2020 to order materials.

**Notebooks**  
**\$2,500**

**Lanyard**  
**\$1,250**

**Pens**  
**\$1,000**

**Tote Bags**  
**\$1,000**

**Charging Station**  
**\$1,000**

**Afternoon Break**  
**\$750**  
(four available)



**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 Addiction Medicine Conference, September 9-13, 2020 | OSU Center for Health Sciences-Tulsa, OK

## Exhibit Options (Please check all that apply)

Exhibit Cost:  \$750 (one 6-foot table)

## Sponsorship Opportunities: (Please check all that apply)

Notebook:  \$2,500    Lanyard:  \$1,250    Pens:  \$1,000    Tote Bags:  \$1,000    Charging Station:  \$1,000

Afternoon Breaks:  \$750 (Wednesday)  \$750 (Thursday)  \$750 (Friday)  \$750 (Saturday)

## 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. \_\_\_\_\_

## Sponsor/Exhibitor Agreement

- Sponsorship and 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.
- 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](mailto:osu.cme@okstate.edu)

Submit to: OSU-COM CME Office with form of payment and company logo in electronic form by July 24, 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: \_\_\_\_\_

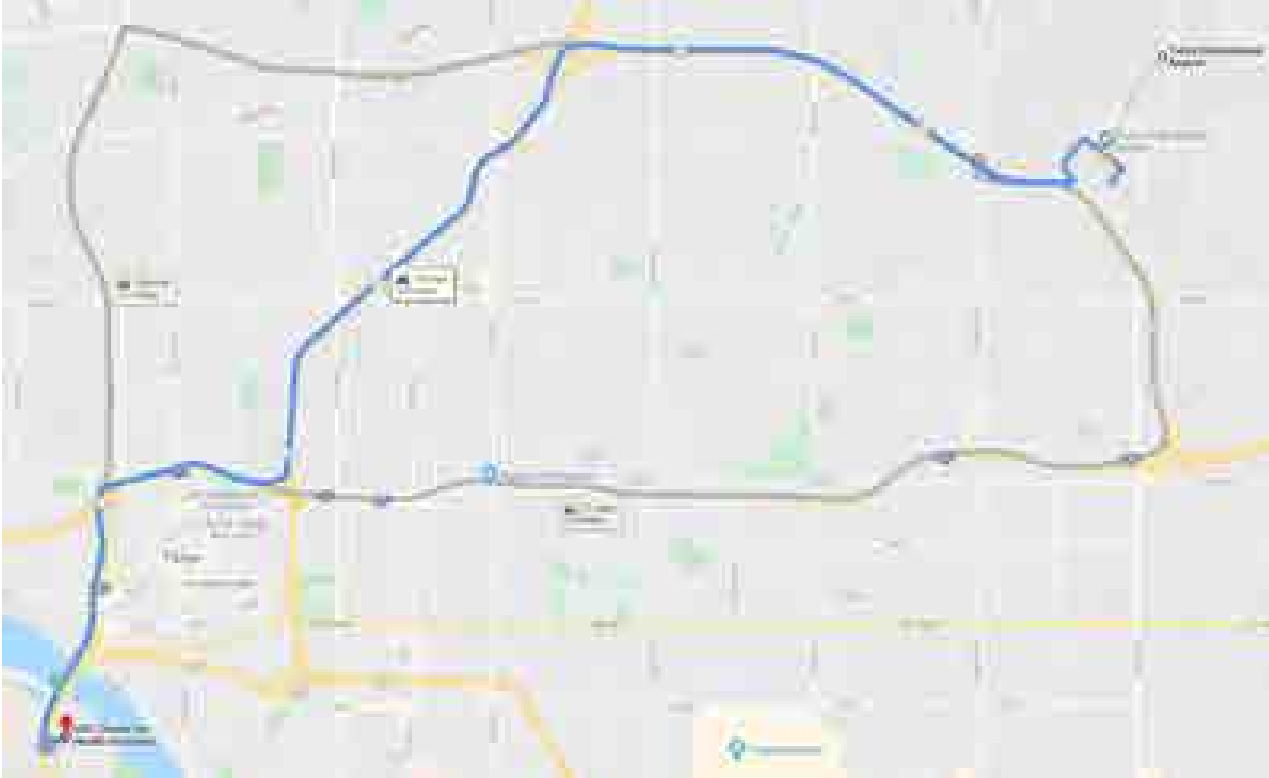
Check # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

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

# Oklahoma State University Center for Health Sciences

1111 W. 17th Street, Tulsa, OK 74107

More information is available at the CME website: [osu-cme.com](http://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](http://www.irs.gov/FormW9) for instructions and the latest information.

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/deregarded 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.

Individual sole proprietor or single-member LLC

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.

Other (see instructions) ▶

State Agency

4 Exemption codes apply only to certain entities, not individuals; see instructions on page 2.

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.) 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)

Print or type.  
 See Specific Instructions on page 3.

**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

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 for Part II, later.

Sign Here

Signature of U.S. person



Date ▶ 12/16/2019

**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](http://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 (cancelled 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.