EMERGENCY MEDICINE REVIEW

June 5–7, 2020 | DoubleTree Downtown—Tulsa, OK

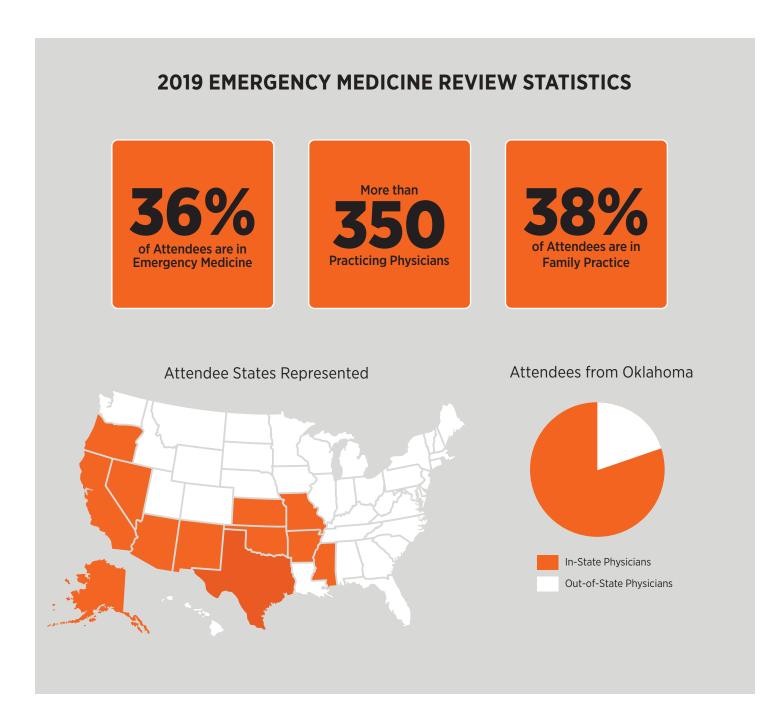




CONTINUING MEDICAL EDUCATION OSU Center for Health Sciences

JOIN US!

The 2020 Emergency Medicine Review's objective is to enhance the knowledge of physicians and other healthcare providers, thereby improving patient care outcomes in the emergency department as well as in the private office setting.



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 | | | | | | |
|--|---|---|--|--|--|--|
| Thursday, June 4 | Friday, June 5 | Saturday, June 6 | | | | |
| 3:00 – 5:00 p.m. Exhibit Set Up | 6:30 a.m. Exhibit Set Up | 7:00 a.m – 5:00 p.m. Exhibits Open | | | | |
| | 7:00 a.m – 5:00 p.m. Exhibits Open | 7:00 – 8:00 a.m. Breakfast | | | | |
| | 7:00 – 8:00 a.m. Breakfast | 10:00 – 10:15 a.m. Break | | | | |
| | 10:00 - 10:15 a.m. Break | 12:15 – 1:15 p.m. Lunch | | | | |
| | 12:15 – 1:15 p.m. Lunch | 3:15 – 3:30 p.m. Break | | | | |
| | 3:15 – 3:30 p.m. Break | 5:00 – 6:00 p.m. Exhibit Tear Down | | | | |

Exhibit Options

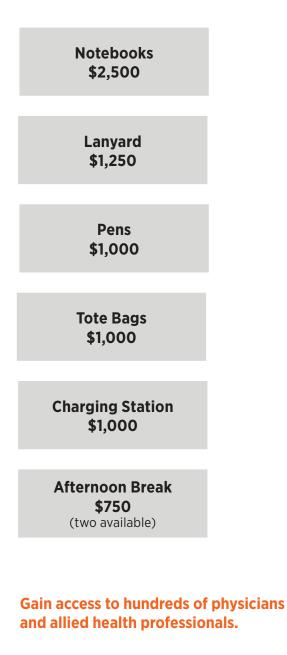
- Recognition in conference program, if logo is provided before April 24, 2020.
- Breakfast, lunch and refreshment breaks in the exhibit hall.
- One copy of the meeting program.
- Registered participant names and specialties emailed after conference.
- Each six-foot draped table comes with two chairs, wastebasket, name badges and power.
- Notify CME office if you plan to share exhibit table with another organization.

Cost

\$750 - one 6-foot table\$1,100 - two 6-foot tables\$1,400 - three 6-foot tables

Sponsorship Opportunities

- Featured on OSU CME monthly newsletter.
- Displayed on OSU CME Emergency Medicine program page.
- Recognition in conference program, if logo is provided before April 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 April 24, 2020 to order materials.





Exhibitor & Sponsorship Application and Agreement

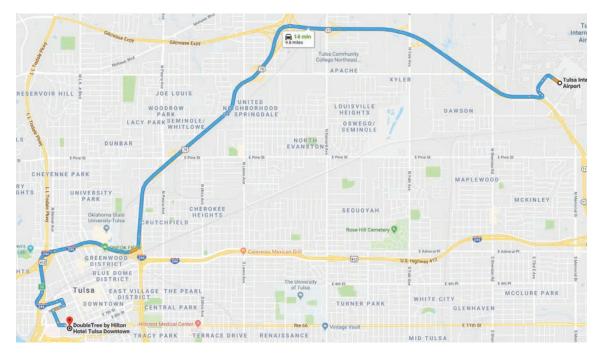
Oklahoma State University College of Osteopathic Medicine | Continuing Medical Education Office 2020 Emergency Medicine Review, June 5–7, 2020 | DoubleTree Downtown–Tulsa, OK

| Exhibit Options (Please check all that apply) | |
|---|---|
| Exhibit Cost: 🗅 \$750 (one 6-foot table) 🗅 \$1,100 (two 6-fo | pot tables) 🛛 \$1,400 (three 6-foot tables) |
| 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 | 0 (Friday) 🗖 \$750 (Saturday) |
| | |
| Company Information (Please print) *If you would like your comp | pany 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 | |
| application OSU-CME will process payment and send an offici. This activity is for scientific and educational purposes only and Special written agreement must be made in advance if two or r In order to receive a refund, written notice of cancellation must | d will not promote any specific proprietary business interest. more companies or groups wish to exhibit in a single space. |
| Signature: | Date: |
| Please keep a copy of this form for your files. Questions: Submit to: OSU-COM CME Office with form of payment a Fax: 918-561-1433 | |
| | 1111 W. 17th St. Tulsa, OK 74107-1898 |
| Payment Information | |
| Credit card: 🛛 Visa 🖓 MasterCard 🖓 American Express | 5 Discover |
| Charge Amount: \$ Card number: | Exp. Date: CVC: |
| □ Check # in the amount of \$ | _ |
| | e checks payable to OSU-COM, ID #73-1383996. |

DoubleTree by Hilton Hotel—Downtown Tulsa Property Information

RESERVATIONS

Local Phone: 918-587-8000 | Online reservations available at the CME website: osu-cme.com



DIRECTIONS

15 minutes from Tulsa International Airport West on OK-11 to US-75 South South on US-75 to I-244/US-412 West Exit 5A/2nd Street towards downtown Turn right on South Frisco Ave Turn right on W. 3rd Sreet Turn left on Houston Ave. Turn left on W 7th Street

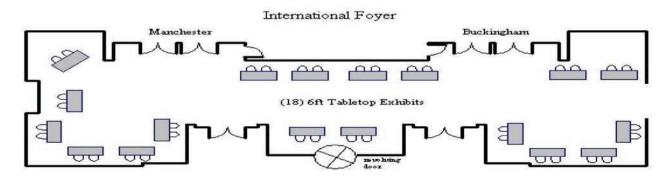
LOCAL ATTRACTIONS

BOK Center Gathering Place Philbrook Museum Gilcrease Museum Guthrie Green

DOWNTOWN DINING

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

616 W. 7th Street, Tulsa, OK 74127



| Depart | W-9 October 2018) Imment of the Treasury I Revenue Service Go to www.irs.gov/FormW9 for instructions and the latest inform | | Give Form to the requester. Do not send to the IRS. | |
|---|---|--|---|--|
| ŕ | 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 Business name/disregarded entity name, if different from above General data and the person whose name is entered on line 1. Check only on | na of the A Exempl | ions (codes apply only to | |
| Print or type. Specific Instructions on page | C Corporation 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 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. | | certain entities, not individúals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any) | |
| See Spec | Image: Weight of the construction | (Apples to acc | counts maintained outside the U.S.) (optional) | |
| backu reside entitie <i>TIN</i> , 1 Note : | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid up withholding. For individuals, this is generally your social security number (SSN). However, for a ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> ater. If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and</i> ber To Give the Requester for guidelines on whose number to enter. | Social security numb pr Employer identificati 7 3 - 1 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 🕨 | 1216 | 12019 | |
|--------------|-----------------------------|------------|------|-------|--|
| 200-200 | | | | | |

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.