

27th Annual Clinical Update in
Geriatric Medicine

April 25-27, 2019

Marriott Pittsburgh City Center
Pittsburgh, Pennsylvania

**Sponsorship
& Exhibitor
Opportunities**



About the Program

This American Geriatric Society award-winning local and popular conference is sponsored by the Pennsylvania Geriatrics Society – Western Division, Aging Institute of UPMC Senior Services and the University of Pittsburgh and the University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences. The conference is a collaborate effort of a multi-disciplinary committee with representatives from the region coming together to provide outstanding and timely education to all geriatric healthcare professionals.

As our population continues to age, we are seeing a tidal wave of older persons in our area hospitals, clinics and nursing homes. The fastest growing segment of the population are those above the age of 85 years. The purpose of our conference is to provide an evidence based approach to help clinicians take exceptional care of these often frail individuals.

This conference continues to be a respected resource for healthcare professionals (representing all disciplines) for over 20 years. What differentiates this course is its focus on common but confounding conditions: those that healthcare professionals face on a daily basis and for which rapidly evolving research (much done here in Pittsburgh) is revealing new approaches that are feasible for the real world. The conference is presented by highly regarded clinician-educators and researchers who have both experience in using these approaches and the ability to teach them effectively.

This conference is a well-respected resource to educate those involved in the direct care of older persons by providing evidence-based solutions for common medical problems that afflict older adults.

Attendee Demographics

2018 Attendance by Degree	
Physician	185
Physician Assistant	9
Pharmacist	24
Nurse Practitioner	75
Nurse	67
Other	45
Total	407
<i>2019 Anticipated</i>	<i>400</i>

Benefits of Participation:

Supporting the 27th Annual Update in Geriatric Medicine conference provides access to more than 400 family practitioners, internists, geriatricians, and other health care professionals who provide care to older adults. This premier educational event, with continually changing topics, speakers and approach continues to yield a robust attendance “in our own backyard”.

Several sponsorship opportunities are available for your organization to connect with our attendees and increase your exposure to this specialized audience, including key decision makers. There are multiple opportunities throughout this 3 day conference to provide maximum return on your investment.

Opportunities to Support

Exhibitor Space

Fee: \$2,000

- (1) 6' draped table and (2-4) Chairs
- Recognition in handout and poster(s), plenary session remarks and projected "Thank You" on meeting room slide during presentation breaks
- Wireless internet connection
- List of conference attendees

To reserve your exhibit space, please complete and return the **Exhibitor and Sponsorship Agreement** no later than **February 28, 2019**. This will ensure acknowledgment of your support in our program materials. *Please note that exhibitor space will be assigned according to the order in which the application is received.*

Non-profit Rate: please contact Nadine Popovich (npopovich@acms.org) or (412) 321-5030 for more details.

*Lunch/Break Sponsor

Thursday, April 25th or Friday, April 26th Lunch Sponsor

Fee: \$5,000

- Recognition in handout and poster(s), plenary session remarks, projected "Thank You" on meeting room slide during presentation breaks and special recognition in lunch area
- High priority exhibitor table
- List of conference attendees

Thursday, April 25th or Friday April 26th AM/PM Break Sponsor (1 sponsor per day)

Fee: \$3,500

- Recognition in onsite handout and poster(s), plenary session remarks, projected "Thank You" on meeting room slide during presentation breaks and special recognition in break area
- High priority exhibitor table
- List of conference attendees

To participate as a sponsor, complete and return the **Exhibitor and Sponsorship Agreement** no later than **February 28, 2019**. This will ensure acknowledgment of your support in our program materials. *Please note that sponsorship opportunities are limited and will be accepted according to the order in which the application is received.*

* Organizations identified as a Commercial Interest as defined by the Accreditation Council for Continuing Medical Education (ACCME) are excluded from sponsoring a lunch/break. All support provided from a commercial interest must be in the form of an unrestricted educational grant. The ACCME's definition of a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients (i.e. pharmaceutical companies and medical device manufacturers).

Educational Grant

Provide an unrestricted educational grant to defray the program costs including guest speaker honorarium/travel expenses, audio/visual equipment and catering. Recognition of support will be included in onsite handout, poster(s), and announced during plenary session remarks.

If you are interested in providing an unrestricted educational grant, please contact Krystal Golacinski, moorekL2@upmc.edu or 412-647-7050

Group Registration

- 15% tuition discount for groups >10
- Recognition in onsite handout, poster(s), plenary session remarks and projected "Thank You" on meeting room slide during presentation breaks.

If you are interested in a group registration rate, please contact Krystal Golacinski, moorekL2@upmc.edu or 412-647-7050.

Course Directors

Shuja Hassan, MD

Assistant Professor of Medicine University of Pittsburgh School of Medicine

Neil M. Resnick, MD

Thomas Detre Professor of Medicine
Director, Hartford Foundation Center of Excellence in Geriatric Medicine
Chief, Division of Geriatric Medicine
Associate Director, Institute on Aging of UPMC
Senior Services and University of Pittsburgh
University of Pittsburgh and UPMC

Additional program information and a complete agenda is available at <http://www.dom.pitt.edu/UGM>

Contact Information

Sponsorship and Exhibitor Support

Nadine Popovich, Administrator
Pennsylvania Geriatrics Society - Western Division
Email: npopovich@acms.org
Phone: 412-321-5030
Website: <http://www.dom.pitt.edu/UGM>

Registration

Krystal Golacinski, Coordination Specialist
UPMC Center for Continuing Education in the Health Science
Email: moorekl2@upmc.edu
Phone: (412) 647-7050
Website: <http://www.dom.pitt.edu/UGM>

Exhibitor and Sponsorship Agreement

Title of Activity: 2019 Clinical Update in Geriatric Medicine

Location/ Pittsburgh Marriott City Center, Pittsburgh PA

Date(s): April 25 - 27, 2019

Organization*:

*Please indicate the name of your institution EXACTLY as you would like it to appear in the recognition materials.

Contact Name:

Telephone

Email:

Address:

City:

State:

Zip:

The above-named organization wishes to:

Purchase 1 display table for \$2,000 for the length of the conference (April 25-27, 2019)

*Sponsor lunch on Thursday, April 25th for \$5,000

*Sponsor lunch on Friday, April 26th for \$5,000

*Sponsor AM or PM break on Thursday, April 25th for \$3,500 (Circle one: AM or PM)

*Sponsor AM or PM break on Friday April 26th for \$3,500 (Circle one: AM or PM)

* Organization Council for Continuing Medical Education (ACCME)

are excluded from sponsoring a lunch/break. All support provided from a commercial interest must be in the form of an unrestricted educational grant. The ACCME's definition of a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients (i.e. pharmaceutical companies/medical device manufacturers).

In order to confirm your participation:

- ◆ Exhibitor and Sponsorship Agreement must be returned by email, fax or mail no later than **February 28th, 2019**
- ◆ Payment must be received by **March 28th, 2019** by check made payable to "**Pennsylvania Geriatrics Society**" (tax identification number is 25-1650976)

Payment amount \$

Pennsylvania Geriatrics Society – Western Division

Attention: Nadine Popovich, Administrator

Mailing Address: 713 Ridge Ave Pittsburgh PA 15212

Email: npopovich@acms.org **Fax:** (412) 321-5323 **Phone:** (412) 321-5030

UPMC INSTITUTIONS - Internal UPMC Journal Transfer Information : Please Transfer to PAG00 689999 83802

Authorized Representative - An 'X' in the box serves as the electronic signature of the individual completing this agreement

Availability of sponsorships and exhibit space will be determined on the date that the agreement is received. Support for the conference will be used to cover program costs, such as speaker honorarium/travel expenses, audio/visual equipment and catering.

Exhibitors must abide by the ACCME's Standards for Commercial Support, <http://www.accme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support> and the University of Pittsburgh Industry Relationship Policy, <http://www.coi.pitt.edu/IndustryRelationships/Policies/IndustryRelationshipsPolicy.pdf> and adhere to the guidelines below.

- Exhibitors may provide informational materials to conferences attendees at the educational event. Exhibitors may not distribute gifts of any kind (e.g. pens, note pads, golf balls, gift baskets, etc.).
- Exhibitors are restricted from discussing promotional matters to activity attendees or course faculty within the educational setting.
- Exhibitors must set-up and tear-down their displays during the approved dates and times and following the directions set by the conference staff and the venue management.
- Exhibitors must check-in with the conference staff at the activity registration table.

Company Representative

Name:

Signature/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.
Pennsylvania Geriatrics Society - Western Division

2 Business name/disregarded entity name, if different from above
Pennsylvania Geriatrics Society - Western Division

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

C Corporation

S Corporation

Partnership

Trust/estate

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) ▶ _____

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
713 Ridge Ave

6 City, state, and ZIP code
Pittsburgh PA 15212

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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or

Employer identification number


2	5	-	1	6	5	0	9	7	6
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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 ▶ **8-1-2018**

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.