



The PENNSYLVANIA GERIATRICS SOCIETY –
Western Division

Fall Program

NOVEMBER 10, 2022

Featuring Panelists from health systems
across Western Pennsylvania

The State of Age Friendly Health Systems in Pennsylvania

SPONSORSHIP OPPORTUNITIES

ABOUT THE PROGRAM

The Pennsylvania Geriatrics Society – Western Division, is an active, not-for-profit organization comprised of geriatricians, physicians (from all specialties), certified nurse practitioners, long term care providers and other healthcare professionals, committed to the provision of quality health care for the elderly.

The organization is pleased to welcome panelists across Pennsylvania that have obtained Age Friendly Health System recognition and/or certification. Allegheny Health Network, UPMC St. Margaret's, and Veterans Affairs Pittsburgh Healthcare System are confirmed and will be in attendance so far.

BENEFITS OF PARTICIPATION

Supporting the program, your organization will have exposure to this specialized audience of healthcare professionals (representing all disciplines), including key decision makers and Society leadership.

SPONSORSHIP FEE Structure and Benefits include

\$250 Logo Only

- ✓ Recognition on Welcome Slide, PAGSWD Website and Newsletter.
- ✓ Complimentary registration for 5 representatives.

**Complete and return the Sponsorship Agreement no later than October 14, 2022.
This will ensure acknowledgement of your support in our program materials. You will receive
payment notification once agreement is received.**

For inquiries, contact
Eileen Taylor, Administrator
Email: etaylor@acms.org



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Sponsorship Agreement

*This form must be returned to secure a sponsorship.

November 10, 2022

Program - 6:00 pm to 8:00 pm

Organization:

Contact Name:

Email:

Telephone:

Address:

City:

Street:

Zip:

Organization*:

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

Select Your Sponsorship Level:

- () \$250 Logo Only (limited to Not-for-Profit organizations or pharmaceutical companies. Includes complimentary registration for 5 representatives.

Please return the letter of agreement and payment to:

Eileen Taylor, Administrator - email: etaylor@acms.org

Fax: (412) 321-5323

Mailing Address: 850 Ridge Ave Pittsburgh PA 15212

Credit Card Payments are welcome. Please contact Eileen to process payment by Credit Card.

Tax Identification Number is 25-1650976.

Fall Program

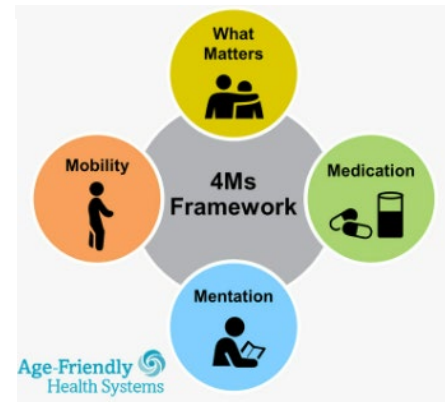
The State of Age Friendly Health Systems in Pennsylvania

Featuring:

Panelists across Pennsylvania that have obtained Age Friendly Health System recognition and/or certification

Age-Friendly Care PA GWEP, Penn State Nese College of Nursing
Allegheny Health Network
UPMC Mercy
UPMC St. Margaret's
Veterans Affairs Pittsburgh Healthcare System
The Willows, Presbyterian SeniorCare Network

**Panelists subject to change.*



This year's Fall Program is designed to educate attendees on Age Friendly Health Systems and the 4M's of geriatrics as well as give an opportunity to learn about multiple health systems across Pennsylvania and their experience in gaining Age Friendly Health System recognition and certification.

Virtual Zoom Meeting

In Collaboration with the
Jewish Healthcare Foundation

Complimentary Registration for Members
(RSVP is required)

Guests are Welcome
Guest fee (all healthcare professionals) - \$25

Registration begins October 1st
Visit www.pagswd.org

A confirmation will be sent to the email address you provide, upon successful registration.

This program is sponsored by
The Pennsylvania Geriatrics Society – Western Division and
University of Pittsburgh School of Medicine Center for Continuing
Education in the Health Sciences

Questions: Contact Eileen Taylor at 412.321.5030 x105 or email to etaylor@acms.org

AGENDA

- 6:00 pm Welcome – *Christine Herb, MD – President*
- 6:05 pm Fall Business Meeting – Pennsylvania Geriatrics Society – Western Division, *Christine Herb, MD, President*
- 6:20 pm Presentation on the 4Ms (What Matters, Medication, Mentation, Mobility) – *Lyn Weinberg, MD*
- 6:35 pm Panel Presentation
- 7:00 pm Panel Q&A
- 7:30 pm Conclusion

**Agenda subject to change*

Pennsylvania Geriatrics Society – Western Division

The State of Age Friendly Health Systems in Pennsylvania

November 10, 2022

Goals & Objectives

At the completion of this program, attendees will be able to:

1. Describe the goals of an Age Friendly Health System
2. Recognize strategies to become recognized and certified as an Age Friendly Health System
3. Identify the current state of Age Friendly Health Systems in Pennsylvania

CONTINUING EDUCATION INFORMATION

Accreditation Statement

The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits[™].

Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other health care professionals are awarded .10 continuing education units (CEU's) which are equal to 1.0 contact hour.

To Access Evaluation and Obtain Credit

To receive credit, you will be required to access your account at <http://cce.upmc.com> and complete the course evaluation and/or claim credit. Evaluations and credit are **ONLY AVAILABLE** through the <https://cce.upmc.com/> site.

If you are a new user, click Register to create a new account. The activity has been added to your Pending Activities and accessible immediately following the activity.

Certificates will be available to download and stored for future reference in your Completed Activities.

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.

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

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.
850 Ridge Avenue

Requester's name and address (optional)

6 City, state, and ZIP code
Pittsburgh, PA 15212

7 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 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 ▶ *Eileen Taylor* Date ▶ **9/14/2022**

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.