

2017 Napa Primary Care Conference-Caring for the Active and Athletic Patient Conference Exhibitor Agreement

Aloha!

On behalf of the planning group for the 2017 Napa Primary Care Maui—*Caring for the Active and Athletic Patient Conference*, thank you for your support for this year’s conference.



Conference Location & Dates

The conference will be held at the Silverado Hotel Napa, California beginning Wednesday September 6 and ending on Sunday September 10, 2017.

Exhibit Hall

The exhibit hall is a separate room from the lecture hall. Exact room names will be sent to you as we get closer to the conference dates.

Exhibit Dates & Times

Although the exhibit hall is open throughout the day, please note that traffic will be light while attendees are in session.

Day	Date	Activity	Exhibit /Lecture Times
Wednesday	September 6, 2017	Exhibit Set up	1:00 pm-4:00pm
Wednesday	September 6, 2017	Exhibits	4:30 pm-6:30 pm
Thursday	September 7, 2017	Exhibits	7:00 am-12:30 pm
Friday	September 8, 2017	Exhibits	7:00 am-12:30 pm
Saturday	September 9, 2017	Exhibits	7:00 am-12:30 pm
Sunday	September 10, 2017	Exhibits	7:00 am-9:30am
Sunday	September 10, 2017	Adjourn	10:00 am

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COURSE DIRECTOR

This educational conference is chaired by:

Robert Sallis, MD, FACSM, FAAFP; Conference Chairman; Family Medicine Physician; Clinical Professor of Family Medicine; UC Riverside School of Medicine; Department of Family Medicine; Kaiser Permanente Medical Center, Fontana, CA.

CONFERENCE MANAGEMENT

This educational event is managed by:
CMX Travel & Meetings
Joseph Federl, Conference Manager
11 Trellis Circle
Pembroke, MA 02359
(ph) 781-829-9696
(fax) 781-735-0558
cmxtravel@cmxtravel.com

Course Description

The Napa Primary Care Conference is a unique educational conference for physicians and medical professionals who care for active and athletic patients or who themselves lead such a lifestyle. The curriculum is directed to Family Medicine, Internal Medicine, Pediatrics, Emergency Medicine, PM&R and Orthopedics specialists as well as Physical Therapists, Athletic Trainers, Physicians Assistants, Nurse Practitioners and others who want to earn Continuing Medical Education from leading physician experts who are outstanding speakers.

This conference will present very practical information that you can use in your practice. Topics will include common medical and musculoskeletal problems that affect patients who lead an active lifestyle. The focus will be on providing information that will help you diagnose and manage these conditions in the office; so that you can help your patients get moving again and improve their performance. In addition, various topics on healthy lifestyles and personal wellness will make this conference a valuable experience for everyone attending.

Please select the level of sponsorship (Please refer to the attached Exhibitor Prospectus for details)

Intended Audience

The curriculum is directed to Family Medicine, Internal Medicine, Pediatrics, Emergency Medicine, PM&R, Orthopedics specialists as well as Physical Therapists, Athletic Trainers, Physicians Assistants, Nurse Practitioners, Exercise Scientists and others who want to earn Continuing Medical Education from leading experts in the field of Primary Care and Sports Medicine.

Expected Attendance

100-125 attendees are expected the majority with Kaiser Permanente.

Attendance Breakdown

58% Female; 42% male (based on last 3 years attendance

51% Physicians

35% KP Physicians

Accreditation

- **American Academy of Family Physicians (AAFP) CME Credit Statement**
This Live activity, Primary Care Maui Conference, with a beginning date of November 2, 2016 has been reviewed and is acceptable for up to 16.00 Prescribed credit(s) by the by the American Academy of Family Physicians. Physicians should only claim credit commensurate with the extent of their participation in the activity.
- **AMA/AAFP Equivalency**
AAFP Prescribed credit is accepted by the American Medical Association as equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. When applying for the AMA PRA, Prescribed credit earned must be reported as Prescribed, not as Category 1.
- **American Academy of Nurse Practitioners Certification Program (AANPCP)**
This course is approved for CME Credit by the AANPCP for up to 16 hours of CME Credit towards the Certification Program.

Exhibit Fees

2017 Exhibitors \$3500.00

Exhibit Fee Included Features:

- Up to five (5) Days of Exhibit space
- One (1) six foot table or 8×10 exhibit area-
- Display product materials/services on a table at the event (see below for exhibit times)
- Receive acknowledgement in our advertising and program materials.
- Receive recognition from the Course Chairman prior to the beginning of the program.
- Your company logo on our Exhibitor sign posted at the conference registration desk daily
- Complimentary attendance to all lectures and conference materials
- Attendee name/city/state list
- Facebook and other social media company listing
- Discounted room rates at the Silverado Hotel starting at \$299 per night

Exhibit Fee Payment (Check payment)

The exhibit fees should be made payable to CMX Travel & Meetings and mailed to:

CMX Travel, LLC
Joseph Federl
Conference Manager-2017 Napa Primary Care Conference
11 Trellis Circle
Pembroke, MA 02359
Federal Tax ID #297-50-2834 (W9 form below)

Exhibit Fee Payment (Credit card payment)

You may also pay exhibit display fees by credit card:

Amount	_____	Credit Card Number	_____
Card Type (Visa/MC/AX)	_____	Security Code	_____
Expiration Date	_____		
Name on Card	_____		
Billing Address	_____		
City/State/ZIP	_____	State	_____ ZIP _____

Please include a copy of this agreement with the information below:

Exhibit Fee between:

Title of CME Activity:	2017 Napa Primary Care Conference-Caring for the Active and Athletic Patient Conference		
Location	Silverado Hotel, Napa, California		
Date(s)	September 6-10, 2017		
Commercial Supporter (Company name / Branch)			
Exhibit Booth Amount	\$3500.00		
Address			
City, State, ZIP			
Contact name		Telephone	
Email address			
Names of company representatives who will attend conference	Last Name	First name	

CANCELLATION

Upon receipt of signed exhibit agreement, you commit your company to exhibit at the *2017 Napa Primary Care Conference-Caring for the Active and Athletic Patient Conference*

We regret there are no refunds for cancelation.

Agreed to by:

_____ **Company Representative**

Date _____



12/18/16

Date _____

Joseph Federl, Conference Manager CMX Travel & Meetings

Form W-9 (Rev. January 2011) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.	
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Joseph Frank Federl		
	Business name/disregarded entity name, if different from above CMX Travel, LLC		
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ P <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶		
	Address (number, street, and apt. or suite no.) 11 Trellis Circle	Requester's name and address (optional)	
	City, state, and ZIP code Pembroke, MA 02359	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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																						
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="9">Social security number</th> </tr> <tr> <td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td><td style="width:20px;"> </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="9">Employer identification number</th> </tr> <tr> <td style="width:20px;">8</td><td style="width:20px;">1</td><td style="width:20px;">-</td><td style="width:20px;">2</td><td style="width:20px;">6</td><td style="width:20px;">2</td><td style="width:20px;">4</td><td style="width:20px;">7</td><td style="width:20px;">2</td><td style="width:20px;">4</td> </tr> </table>	Social security number																		Employer identification number									8	1	-	2	6	2	4	7	2	4
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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).	
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 on page 4.	
Sign Here	Signature of U.S. person ▶ Date ▶ 5-16-16

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.