Georgia Society of Anesthesiologists

2017 Summer Meeting

July 14-16

President: Matthew A. Klopman, MD

Activity Directors: J. Kirk Edwards, MD & Elizabeth Duggan, MD



Exhibitor Prospectus

www.gsahq.org



2017 Summer Meeting

July 14-16 The Ritz Carlton Amelia Island, Florida



Georgia Society of Anesthesiologists 1231-J Collier RD NW Atlanta, GA 30318

Phone: (404) 249-9178 Fax: (404) 249-8831 Email: <u>Felicia.kenan@politics.org</u> website: www.gsahq.org

Exhibit Opportunities

Exhibitors enjoy remarkable access to existing and potential customers at GSA events. Meet decision makers or renew relations with clients, prospects, and users from anesthesia practices throughout Georgia.

Benefits

- More than 100 Anesthesiologists, Resident Physicians, and Anesthesiologist Assistants attend the event
- GSA assures ample time to network at all breakfasts, breaks, and family-friendly social events
- Breaks and breakfasts are conducted in the exhibit hall
- Exhibitor fee includes 6-foot table top for display, seating, access to electricity, and tickets to social events/breakfasts
- Recognition in activity syllabus
- Email listing of Registrants

Fees

Reserve your booth by July 1, 2017 Patron Level: \$1,000 Emerald Level: \$1,250 Platinum Level: \$1,500 Presidential Level: \$2,000

Equipment and Services

All booths include one 6-foot draped table, two chairs, access to electrical service, and one wastebasket or a general waste/recycle receptacle in the Exhibit Area. Please note that all equipment must fit in the designated space. Placing equipment in other areas of the exhibit area is prohibited.

Sponsor Opportunities

Exhibitors may choose to contribute additional financial support to assist with the costs of a reception, meal, or other activity. These extraordinary supporters receive recognition from the podium and on signage located throughout the conference.

Friday Reception: \$500.00 Saturday Breakfast: \$500.00 Morning Breaks: \$500.00

Exhibit Schedule & Registration

Registration Hours

Friday, July 14, 2017: 3:00 pm Saturday, July 15, 2017: 6:30 am

Exhibit Assembly

Friday, July 14, 2017: 4:00—9:00 pm Saturday, July 15, 2017: 6:00 am

Exhibit Hours *subject to schedule change

Friday, July 14, 2017: 7:00 pm Saturday, July 15, 2017: 6:30—7:30 am | 10:00 —10:20 am Sunday, July 16, 2017: 6:30—7:30 am | 9:30—10:00 am

Exhibit Disassembly

Sunday, July 16, 2017: 10:00-11:00 am

Booth Reservation

The application for the exhibit space and sponsor opportunities is found online at <u>www.gsahq.org/exhibiting-sponsorship</u>.

Badges

Exhibitor badges will be distributed as designated below. Exhibitors are allowed access to all lectures, meals/breaks, and social events. Additional guest tickets for social events are available for purchase or in one of the premium levels.

Patron Level: Two (2) Attendees

Emerald Level: Three (3) Attendees

Platinum Level: Four (4) Attendees

Presidential Level: Four (4) Attendees

Hotel Information

The Ritz-Carlton 4750 Amelia Island Parkway Amelia Island, Florida 32034 Phone: 904-277-1100

Room Rates: Coast Views: \$299.00 For phone reservations refer to group name "GEORGIA SOCIETY OF ANESTHESIOLOGISTS"

For online reservations visit <u>https://</u> aws.passkey.com/go/gsamtg2017



Booth Reservation

The application for the exhibit space and sponsor opportunities is online at <u>www.gsae.org/summer-meeting-</u> <u>exhibiting--sponsorship</u>.

Shipping Information

Packages for the meeting should not be delivered to the Resort before **July 11, 2017.**

Any packages or boxes larger than any combination of 500 pounds (in any combination of weight/size) must be stored at a local warehouse and delivered to the Resort at the exhibitor's request with prevailing charges for such service. Delivery of larger shipments must be received at warehouse one week prior to the function.

Packages shipped out will be assessed a \$10 handling fee per box, in addition to the actual shipping cost. Medium crates will be charged \$25 per crate and large crates \$75 per crate.

The following information must be included on all packages to ensure proper deliver.

- 1. Conference Name: GSA Summer Meeting
- 2. Exhibitors Name
- 3. Date of Function: July 14-16, 2017
- The Ritz-Carlton Amelia Island Attention: Christina Saldana, Meeting & Special Events Manager
 4750 Amelia Island Parkway Amelia Island, Florida 32034

Required Documents

Category 1 AMA CME credits will be offered during the meeting. National policies and procedures adopted by the American Medical Association, the Accreditation Council for CME and the Pharmaceutical Manufacturers Association have been endorsed and adopted by GSA.

To ensure that all educational requirements for the program are met, the exhibitor is required to follow the policies and procedures as outlined in the *Exhibitors Policies (page 5)*. Complete and submit the *Letter of Agreement* (required).

Letter of Agreement 🕌

Exhibiting Policies

Liability : Hotel management and GSA will take every precaution to ensure attendee safety and protection. However, the hotel or GSA shall not be held responsible for losses <u>due to theft or fires, etc.</u> Vendors should secure sufficient liability insurance to protect property in case of such events.
 Exhibitor Access: Exhibitors are allowed up to two representatives per booth. Additional badges are available at an additional charge. Premium packages are available for additional personnel. Exhibitors will be allowed to access the exhibit area 30 minutes before opening. Exhibitor Fees & Terms: Exhibitor space cost is outlined in Exhibit Opportunity section. An exhibitor application must be accompanied by full payment. Payment must be received in full at least 30 days prior to the start of the meeting.
Giveaways: Customary descriptive product literature, note pads, pens, pencils, and other items may be distributed; however, any item of value of more than \$25 must be approved by GSA. No contest, lotteries or games of chance are allowed. The GSA logo is trademarked by and is the exclusive property of GSA. An individu- al, company, or organization may not use the GSA logo in any way. The logo may not be associated with any promotional materials, mailings, giveaways, or contests. Notice of Disability: In compliance with the Americans with Disa- bilities Act of 1990, the GSA will make all reasonable efforts to accommodate persons with disabilities at its meetings. Please call
 GSA with any requests at 678-222-4234. Space Assignment: Space assignments will be made on a first come, first served basis. The GSA reserves the right to make changes in assignments at any time. Sales/Order Tracking: The purpose of the exhibit area is to complement the educational agenda of the meeting through displays and demonstrations. Sales and order taking are permitted provided all transactions are conducted in a manner consistent with the professional nature of the meeting. Products for sale must be the exhibitor's own unaltered products. The GSA reserves the right to restrict sales activities that it deems inappropriate or unprofessional. Exhibitors must comply with all local sales tax requirements.

Form	W.	-9	
(Rev. D	ecembe	er 2014)	
Departm Internal	nentoft Revenue	he Treasury e Service	l

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	3			
	Georgia Society of Anesthesiologists, Inc.				
Print or type Specific Instructions on page 2.	2 Business name/disregarded entity name, if different from above				
	Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)			
	5 Address (number, street, and apt. or suite no.)	Requester's name :	and address (optional)		
Spe	1231 Collier Road NW, Ste J				
See :	6 City, state, and ZIP code				
ů	Atlanta, GA 30318-2322				
	7 List account number(s) here (optional)	***			
0					
Par	t Taxpayer Identification Number (TIN)				
backu reside entitie	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av up withholding. For individuals, this is generally your social security number (SSN). However, f ant alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> n page 3.	ora			
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.			Employer identification number		
			- 1 6 6 4 8 3 1		
Par	t II Certification	J I I			
Unde	r 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
- 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 on page 3.

Sign Here	Signature of U.S. person ►	Ielicie D. Kenan	Date ►	
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. **Future developments**. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

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 (TIN), 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? on page 2.

By signing the filled-out form, you:

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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Questions? Felicia Kenan, MPA, CMP GSA Events Coordinator Mail: 1231-J Collier Rd NW, Atlanta GA, 30318 Phone: 678-222-4234 Email: Felicia.kenan@politics.org