



The Pittsburgh Ophthalmology Society

Physicians Defining Eye Care in Southwestern PA

PITTSBURGH OPHTHALMOLOGY SOCIETY ANNUAL MEETING - MARCH 20, 2020 Pittsburgh Marriott City Center, Pittsburgh PA EXHIBITOR and SPONSORSHIP Opportunities

Contact: Nadine Popovich, Administrator
The Pittsburgh Ophthalmology Society 713 Ridge Avenue Pittsburgh PA 15212
Website: pghoph.org
email to npopovich@acms.org phone: (412) 321 5030 Fax (412) 321 5323

To participate as an Exhibitor or take advantage of a Sponsorship opportunity, please complete the Exhibitor and Sponsorship Agreement **no later than February 20, 2020**.

This will ensure acknowledgement of your support in media leading up and throughout the program. Please note that sponsorship opportunities are limited and will be accepted on a first come, first serve basis.

Once you submit your signed agreement, you will receive a confirmation by email, along with Exhibitor details and hotel instructions. If you do not receive confirmation within a few days of sending in your signed agreement, please contact Nadine Popovich at (412) 321-5030 or npopovich@acms.org. **Without a signed Exhibitor agreement, you are not permitted to exhibit.**

EXHIBIT OPPORTUNITIES

Exhibit space includes:

- ◆ Continental Breakfast
- ◆ Mid-morning and Afternoon Refreshments
- ◆ Physician Attendance List
- ◆ Logo and Company name displayed on all exhibitor "thank you" signage

Single: (1) 6' Table w/ 2 chairs - Fee: \$1,300

Double: (2) 6' Tables w/4 chairs Fee: \$1,800

Power Supply and Exhibit Equipment

Contact Nadine Popovich (npopovich@acms.org) or (412) 321-5030 should you require a Power Supply or Exhibit equipment for your exhibit space. Power supplies and equipment **MUST** be ordered in ADVANCE and will not be available the day of the conference.

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PITTSBURGH MARRIOTT CITY CENTER
112 Washington Pl Pittsburgh PA 15219

SPONSORSHIP OPPORTUNITIES

All sponsors receive a single display table (6'), including the items outlined under "Exhibit Opportunities." In addition, you will receive the items identified under each of the following sponsorship opportunities. One sponsor per category will be accepted (unless noted). No split sponsorship. Feel free to contact Nadine Popovich should you care to discuss at npopovich@acms.org or (412) 321-5030.

Friday Continental Breakfast Fee: \$2,500

- Recognition in Physician and Allied handout signage and Registration website
- Recognition in President's welcome and opening Remarks of Physician meeting
- Premium placement Exhibitor Table (single table)
- Prominent Thank You Signage at breakfast area
- Recognition in POS newsletter and on POS website

Friday Morning Break Fee: \$2,000

- Recognition in Physician and Allied handout
- Premium placement Exhibitor Table (single table)
- Prominent Thank You Signage during Friday morning Break
- Recognition on POS website

Friday Luncheon Fee: \$3,000

- Recognition in Physician and Allied handout and Registration website
- Recognition in welcome and opening remarks of Physician meeting
- Premium placement Exhibitor Table (single table)
- Prominent Thank You Signage during Friday Luncheon
- Recognition in POS newsletter and on POS website

Friday Afternoon Break Fee: \$2,000

- Recognition in Physician and Allied handout and signage
- Premium placement Exhibitor Table (single table)
- Prominent Thank You Signage for Friday Afternoon Break
- Recognition on POS website

Guest Faculty and POS Leadership dinner Fee: \$2,500

- **Invitation for (2) to attend the Guest Faculty and Leadership dinner (held March 19, 2020) to engage with guest faculty and POS key leadership members**
- Recognition in Physician and Allied handout and Registration website
- Recognition in welcome and opening remarks of Physician meeting
- Premium placement of Exhibitor Table (single table) NOTE: Exhibit Table is additional fee (not part of \$2,500).
- Recognition in POS newsletter and on POS website

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EXHIBIT and SPONSORSHIP AGREEMENT

COMPANY NAME* _____

(Please complete exactly as you would like it to appear on signage)

Contact Person _____

ADDRESS _____

EMAIL _____ PHONE _____

*Company logo may be emailed to Nadine Popovich – npopovich@acms.org

Please list Industry Representatives attending (limit of 2 representatives per table). An additional fee of \$100 (per rep) will be charged for more than 2 industry representatives.

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____

Please indicate from the following:

Exhibit Space

Exhibit Table (single)	Fee	\$1,300
Exhibit Table (double)	Fee	\$1,800

Equipment - Please indicate the following:

I will not be bringing a piece of equipment

I will be bringing a table top piece of equipment*

I will be bringing a large “stand alone” piece of equipment and will need space beside my exhibit table.*

*If you require power, please be sure to complete the Marriott Equipment/Power supply form.

Sponsorships

Friday Continental Breakfast	Fee:	\$2,500
Friday Morning Break	Fee:	\$2,000
Friday Luncheon	Fee:	\$3,000
Friday Afternoon Break	Fee:	\$2,000
Guest Faculty and POS Leadership dinner (March 19)	Fee:	\$2,500

PAYMENT - In order to confirm your participation:

- Exhibitor and Sponsorship agreement must be returned by email, fax or mail no later than February 20, 2020
- Payment must be received by March 1, 2020.

***Availability of sponsorships and exhibit space will be determined on the date that the agreement is received.**

Society Tax ID # 25-6064814 Please make a check payable to: *Pittsburgh Ophthalmology Society*

Mail payment to: Nadine Popovich, Administrator/ Pittsburgh Ophthalmology Society / 713 Ridge Avenue / Pgh, PA 15212

Credit Card Payment Visa Mastercard Discover **Total Amount charged \$ _____**

Name on Card _____

Card Billing Address _____

Card # _____ Exp Date _____ 3 Digit Code: _____

Questions: Contact Nadine Popovich, administrator npopovich@acms.org or (412) 321-5030 or

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.
Pittsburgh Ophthalmology Society

2 Business name/disregarded entity name, if different from above
Pittsburgh Ophthalmology Society

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	-	6	0	6	4	8	1	4
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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 ▶ *Madina H. Powell* Date ▶ *9-1-2019*

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.