

Exhibitor Prospectus

Annual Jefferson Health Interventional Pulmonology Summit



Thursday, September 10, 2026
Jefferson Alumni Hall
Philadelphia, PA

Annual Jefferson Health Interventional Pulmonology Summit

Thursday, September 10, 2026
Jefferson Alumni Hall, Philadelphia, PA

On behalf of Dr. Prarthna Chandar and the Division of Pulmonary, Allergy & Critical Care at Thomas Jefferson University, we invite you to exhibit at the upcoming Annual Jefferson Health Interventional Pulmonology Summit. This inaugural summit will take place Thursday, September 10, 2026 at Jefferson Alumni Hall in Philadelphia, PA.

The Inaugural Annual Jefferson Health Interventional Pulmonology Summit will present the latest research and guidelines in the field of Interventional Pulmonology. Key topics include robotic bronchoscopy, bronchoscopic lung volume reduction, and advanced pleural diseases. The summit will also highlight the latest innovations in Interventional Pulmonology and the evolving roles of advanced practice providers and multidisciplinary support staff within IP programs.

The Annual Jefferson Health Interventional Pulmonology Summit is designed for a multidisciplinary audience. As an exhibitor, you will have the opportunity to interact with approximately 75 attendees within the fields of pulmonology, critical care, oncology, and thoracic surgery.

We are offering a single exhibit level to provide consistent engagement with attendees. Throughout the day, there are multiple opportunities to showcase products and educational materials as well as highlight solutions that enhance clinical decision-making.

We hope that you are able to join us to exhibit at this much anticipated inaugural summit. To secure a table, please register online at <https://jefferson.cloud-cme.com/IPS2026>. If you have any questions, please contact me at Jacqueline.Coval@jefferson.edu.

Best,
Jacqueline Coval
CPD Planner
Office of Continuing Professional Development

Exhibit Information
Annual Jefferson Health Interventional Pulmonology Summit

Exhibitors

Fee: \$5,000

All exhibits must be tabletop or portable in nature and may not exceed 6-ft in width.

What is Included	<ul style="list-style-type: none"> • One 6-ft draped table • Consented attendee list • PowerPoint slideshow acknowledgement • Name badge designation • 1-page colored company advertisement in the Exhibitor Directory <ul style="list-style-type: none"> ○ Due: August 28, 2026 ○ Ad Specifications: PDF format, letter size (8.5" x 11"), no bleed, preferably with a border • Up to 2 company representatives • Inclusion in the Exhibitor Raffle
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Exhibitor Information

Date & Time	Thursday, September 10, 2026 7:00 AM – 3:00 PM						
Conference Location	Thomas Jefferson University Jefferson Alumni Hall 1020 Locust Street Philadelphia, PA 19107						
Exhibitor Registration	https://jefferson.cloud-cme.com/IPS2026 The deadline to register to exhibit is August 28, 2026 .						
Exhibit Times & Location	The exhibit hall will be open throughout the conference. The following preliminary times are dedicated exhibit times where food and beverage will be served: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">7:00 AM – 8:00 AM</td> <td>Registration, Breakfast, & Exhibits</td> </tr> <tr> <td>9:35 AM – 10:05 AM</td> <td>Break & Exhibits</td> </tr> <tr> <td>12:30 PM – 1:30 PM</td> <td>Lunch & Exhibits</td> </tr> </table>	7:00 AM – 8:00 AM	Registration, Breakfast, & Exhibits	9:35 AM – 10:05 AM	Break & Exhibits	12:30 PM – 1:30 PM	Lunch & Exhibits
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12:30 PM – 1:30 PM	Lunch & Exhibits						
Set Up & Breakdown	Set-up may begin at 6:30 AM on Thursday, September 10, 2026. Breakdown must be completed by 3:00 PM on Thursday, September 10, 2026. Times are subject to change.						

Exhibit Information
Annual Jefferson Health Interventional Pulmonology Summit

Shipping	<p>Shipments will be accepted by Jefferson’s Office of Continuing Professional Development beginning Tuesday, September 8, 2026. Please label packages accordingly:</p> <p style="text-align: center;">ATTN: Jacqueline Coval Jefferson Alumni Hall 1020 Locust Street, Suite M-5 Philadelphia, PA 19107 Package _____ of _____</p> <p>Prior to shipping, please email Jacqueline.Coval@jefferson.edu with the following information:</p> <ul style="list-style-type: none"> • Sender’s name • Number of boxes • Shipping date • Anticipated date of arrival to Jefferson Alumni Hall <p>The Office of Continuing Professional Development and Thomas Jefferson University do not accept liability for equipment, goods, displays, or other materials that arrive unmarked or fail to arrive at the conference location. Each exhibiting company is responsible for insuring its property for loss or damage. All company representatives are solely responsible for coordinating return shipping at the conclusion of the conference.</p>
Electrical Needs	<p>Electrical services are included in the exhibit fee. Each company is responsible for communicating their electrical needs via the exhibitor registration form.</p>
Exhibit Rules	<p>Exhibitors acknowledge that:</p> <ul style="list-style-type: none"> • Exhibitor is buying exhibit space and not providing commercial support for this conference. • Exhibitor activities are restricted to the allocated exhibit space. Distribution of educational/promotional materials is limited to the exhibitor’s display space in the exhibit area. It is not permitted anywhere else in the exhibit hall, in the conference meeting space, or at the entrances to the meeting space. • Exhibits are intended for informational purposes only. Products may not be sold onsite. • Video and photography of the conference and its attendees are prohibited. • The purpose of the exhibit is to further the education of attendees through product and service displays and demonstrations. Exhibitor personnel may observe scientific sessions but may not participate in or record them on behalf of the company. <p>Thomas Jefferson University is not responsible for the security of exhibitors’ materials. Exhibitors are advised not to leave valuables unattended at any time in the exhibit hall.</p>

Exhibit Information
Annual Jefferson Health Interventional Pulmonology Summit

Payment	<p>Payment can be made by:</p> <ul style="list-style-type: none"> • American Express, Visa, and MasterCard • EFT/Wire - Please email Jacqueline.Coval@jefferson.edu for the EFT information. • Check – Make check payable to Thomas Jefferson University <p>Mail to: ATTN: Jacqueline Coval Thomas Jefferson University, Office of CPD Jefferson Alumni Hall 1020 Locust Street, Suite M-5 Philadelphia, PA 19107</p>
Exhibitor Refund Policy	<p>Requests for exhibitor fee refunds must be submitted in writing and received by the Office of Continuing Professional Development by August 10, 2026. There will be no refunds after this date. Cancellations notified before the one-month period will incur a 10% cancellation fee. Exhibitors who do not attend the conference are responsible for the entire fee. All refunds will be processed after the conference.</p> <p>Submit refund requests by emailing JeffersonCPD@jefferson.edu with the activity name in the subject line or by mailing written requests to:</p> <p style="text-align: center;">Thomas Jefferson University, Office of CPD Jefferson Alumni Hall 1020 Locust Street, Suite M-5 Philadelphia, PA 19107</p>
Cancellation by Conference Organizers	<p>In the event that the conference is cancelled, the organizers are not responsible for any airfare, hotel, and/or other costs incurred by exhibitors. The conference will refund the full exhibit fee paid by the company.</p>
Sunshine Act	<p>The Parties acknowledge and agree that the Exhibiting Company may be subject to Section 6002 of the Affordable Care Act (which added Section 1128G to the Social Security Act) and its implementing regulations codified in 42CFR 402 & 403 (collectively the “Sunshine Act”).</p> <p>Exhibiting companies are solely responsible for collecting any information about actions within their exhibit space that constitutes a payment or transfer of value to a Covered Recipient that must be reported under the Sunshine Act.</p>
Questions?	<p>Please contact Jacqueline.Coval@jefferson.edu with any questions or concerns.</p>

Annual Jefferson Health Interventional Pulmonology Summit

Thursday, September 10, 2026

Preliminary Agenda - Subject to Change

7:00AM - 8:00AM	<i>Registration, Breakfast, and Exhibits</i> <i>Jefferson Alumni Hall: Atrium and Eakins Lounge Conference Room</i>	
8:00AM - 8:15AM	Welcome and Opening Remarks	Gregory C. Kane, MD, MACP Prarthna Chandar, MD
8:15AM - 8:45AM	Keynote Lecture: Mistakes I Made as a Bronchoscopist ^{1 2}	Atul Mehta, MD, FACP, FCCP
8:45AM - 9:10AM	CBCT and RAB: Current Applications and Best Practices ^{1 2}	Osheen Abramian, MD
9:10AM - 9:35AM	Intratumoral Ablation: Comprehensive Data Review and Future Directions in Therapeutics	Prarthna Chandar, MD
9:35AM - 10:05AM	<i>Morning Break with Exhibits</i>	
10:05AM - 10:30AM	Central Airway Obstruction - Update in Stenting Practices ²	Emil Abramian, MD
10:30AM - 10:55AM	EBUS/IP in Community Practice ^{1 2}	Marc Mongeau, DO
10:55AM - 11:20AM	BLVR - Case Based Discussion ^{1 2}	Daniel Schwed-Lustgarten, MD
11:20AM - 12:20AM	Advanced Pleural Diseases - Plenary Style; To Call the Surgeon or Not? ^{1 2} <i>Moderator - Sadia Benzaquen, MD</i> <i>Don't call the surgeon - Rajeshkumar Patel, MD</i> <i>Call the surgeon - Nathaniel Evans, MD</i>	
12:20PM - 12:30PM	Closing Remarks for Morning Session	Ross Summer, MD
12:30PM - 1:30PM	<i>Lunch Break with Exhibits, JAH Atrium</i>	
1:30PM - 1:55PM	APP Run Pleural clinic ²	Brooke Ruane, MSN, CRNP
1:55PM - 2:20PM	Hospital-Based APP Practice in IP	Julia Buckley, MSN, CRNP
2:20PM - 2:45PM	Being a Bronchoscopy Nurse - Nursing Perspective ²	Corinne Patterson, BSN, RN
2:45PM - 3:00PM	Closing Remarks for Summit Lectures	Christopher McGrath, MD

¹ Eligible for PA Patient Safety & Risk Management Credit

² Eligible for Nursing Pharmacology Credit

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) THOMAS JEFFERSON UNIVERSITY	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u> 1 </u> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <u> A </u> <i>(Applies to accounts maintained outside the United States.)</i>	
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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 type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) <u> NON-FOR-PROFIT 501C3 </u>		
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. 1101 MARKET STREET, SUITE 2004		Requester's name and address (optional)
	6 City, state, and ZIP code PHILADELPHIA, PA 19107		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																																																																									
<p>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 <i>How to get a TIN</i>, later.</p> <p>Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: center; font-size: 8px;">Social security number</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="9" style="text-align: center;">-</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="9" style="text-align: center;">-</td> </tr> <tr> <th colspan="9" style="text-align: center; font-size: 8px;">Employer identification number</th> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">1</td> </tr> </table>	Social security number																		-																		-									Employer identification number									2	3		-	1	3	5	2	6									1
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Part II Certification	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none"> 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); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 	
<p>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.</p>	

Sign Here	Signature of U.S. person	Date 01/28/2026
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Yevgeniy Shcherbakov, Acct. Manager

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they