

# 7th Annual New Jersey Neurovascular & Neurosciences Symposium

Thursday, November 17, 2024  
7am-4:30pm

## EXHIBITOR PROSPECTUS



The Westin Mount Laurel  
555 Fellowship Rd,  
Mt Laurel Township, NJ 08054

Dear Representative,

On behalf of the Department of Neurological Surgery at the Sidney Kimmel College at Thomas Jefferson University, we cordially invite you to participate as an exhibitor at the upcoming **7<sup>th</sup> Annual New Jersey Neurovascular & Neurosciences Symposium**. The conference will take place on Thursday, November 14, 2024 at The Westin in Mt. Laurel, New Jersey.

This conference looks at stroke management from a system of care perspective, from pre-hospitalization to endovascular & neurosurgical interventions. It focuses on early recognition, determination of severity as well as the latest advances in treatment and the importance of individualized care in the hospital setting. Faculty presentations will address the varying treatments and implications of neurovascular diseases with a keynote address on *Anti-Amyloid Immunotherapy for Alzheimer's Disease*.

We are pleased to offer a variety of exhibit opportunities during the conference, which will allow you to interact with over 125 neurologists, neurosurgeons, critical care physicians, emergency medicine physicians, hospitalists, internists, nurses and nurse practitioners, physician assistants, emergency medical service professionals and rehabilitation therapists with practices throughout New Jersey and the Greater Philadelphia Region.

This is our 7th year offering this course and we appreciate your company's continued support. We look forward to continuing to further advancing this educational activity and building an ongoing relationship. For additional information regarding exhibiting and to register your company, we ask that you review the enclosed information and visit the course page at:

<https://jefferson.cloud-cme.com/njnv2024>.

Specific questions related to this exhibit opportunity should be directed to Mia Varnado at [mia.varnado@jefferson.edu](mailto:mia.varnado@jefferson.edu)

Best Regards,

Hekmat Zarzour, MD

David Roshal, DO, DABPN

*\*Please note that Sidney Kimmel Medical College/Thomas Jefferson University is not listed as a covered recipient on the CMS/Sunshine Act list. Questions about Jefferson's status may be directed to [jeffersoncpd@jefferson.edu](mailto:jeffersoncpd@jefferson.edu).*

## EXHIBITOR PACKAGES

### All Exhibitor Packages Include:

- Listing in the exhibitor directory
- Acknowledgment on PowerPoint slideshow, in pre- and post- conference emails
- Company listing on conference signage
- Attendee list (post conference)
- Conference meals (breakfast, lunch and break snacks)

### Bronze-\$3500

#### In-Person Exhibit Benefits

- 1 half page (8.5 x 11), color company advertisement in Exhibitor Directory
- Up to 2 company representatives
- 1 (6ft) draped table

### Exhibit Hall Information

#### Location

Westin Mount Laurel

555 Fellowship Rd | Mt. Laurel, NJ 08054

The exhibit hall will remain open throughout the conference with dedicated exhibit times.

#### Exhibit Times

**7:00AM-8:00AM** Registration, Breakfast & Exhibits

**10:00AM-10:15AM** Break & Exhibits

**11:45AM-12:35PM** Lunch & Exhibits

**1:35PM-1:45PM** Break & Exhibits

#### Set-up & Breakdown

Set-Up: Thursday Nov. 14,2024 beginning 6:30AM

Breakdown: Thursday Nov. 14,2024 by 5:00PM

***All exhibit booth displays and materials must be removed by 5:00PM***

### Gold -\$5000

#### In-Person Exhibit Benefits

- Choice of exhibit location
- 2 full page (8.5 x 11), color company advertisement in Exhibitor Directory
- Virtual Networking Meeting with one Course Planner - post conference (no more than 3 company representatives)- (Maximum 30 minute meeting)
- Individual company acknowledgement signage
- 3 company representatives
- 3 complimentary conference registrations for company representatives (to claim CE credit)
- 1 (6ft) draped tables

**7<sup>th</sup> Annual New Jersey Neurovascular & Neurosciences Symposium**  
 Thursday, November 14, 2024 - In Person  
 The Westin - Mt. Laurel, NJ

*(Preliminary Agenda/Subject to Change)*

7:00AM - 8:00AM	<b>Check In/Continental Breakfast/Exhibits</b>	
8:00AM - 8:10AM	<b>Opening Remarks</b>	Robert H Rosenwasser, MD, MBA, FACS, FAHA
8:10AM - 8:40AM	<b>Epilepsy Treatment</b> <i>This session qualifies for Nurse Pharmacology credit.</i>	Sabrine Ben Hamed, PhD
8:40AM - 9:00AM	<b>MMA Embolization for SDH</b>	Stavropoula I Tjoumakaris, MD, FAANS, FACS, FAHA
9:00AM - 9:30AM	<b>Minimally Invasive Surgery for Intracerebral Hemorrhage</b>	Richard F Schmidt, MD
9:30AM - 10:00AM	<b>Modern Aneurysm Treatment Strategies</b>	Pascal Jabbour, MD
10:00AM - 10:15AM	<b>Break &amp; Exhibits</b>	
10:15AM - 10:45AM	<b>Vivistim</b> <i>This session qualifies for PA Patient Safety/Risk credit</i>	M. Reid Gooch, MD, FAANS
10:45AM - 11:05AM	<b>Spinal Cord Stimulator</b> <i>This session qualifies for PA Patient Safety/Risk credit.</i>	Christian M Hoelscher, MD
11:05AM - 11:25AM	<b>Intracranial Atherosclerosis and Indication for Stenting</b>	Ritam Ghosh, MD
11:25AM - 11:45AM	<b>Neuroplasticity</b>	Hekmat Zarzour, MD
11:45AM - 12:35PM	<b>Lunch Break - Visit Exhibits</b>	
12:35PM - 1:05PM	<b>Antibiotic-Related Encephalopathies</b> <i>This session qualifies for Nurse Pharmacology credit</i>	Mark J Fussa, DO
1:05PM - 1:35PM	<b>Peripheral Vestibulopathies</b>	Jacob B Hunter, MD
1:35PM - 1:45PM	<b>Break &amp; Exhibits</b>	
1:45PM - 2:30PM	<b>Keynote: Anti-Amyloid Immunotherapy for Alzheimer's Disease</b> <i>This session qualifies for Nurse Pharmacology credit</i>	James M Ellison, MD, MPH
2:30PM - 3:00PM	<b>Diagnosis and Management of Malignancy-Related Stroke</b>	Ashwin Chandar, MD
3:00PM - 3:30PM	<b>Diagnosis and Management of Common Mononeuropathies in Clinical Practice</b>	George A Knod, DO
3:30PM - 4:00PM	<b>Overview of the 2024 Stroke Trials</b>	David A Roshal, DO, Physician
4:00PM - 4:30PM	<b>Stroke in the Young</b>	Caitlin Massone, MD
4:30PM	<b>Closing Remarks</b>	

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b> 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.) <b>THOMAS JEFFERSON UNIVERSITY</b>
	<b>2</b> Business name/disregarded entity name, if different from above.
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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) _____ <b>Note:</b> 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) <b>NON-FOR-PROFIT 501C3</b>
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>1</b> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <b>A</b> <small>(Applies to accounts maintained outside the United States.)</small>
	<b>3b</b> 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"/>
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>1101 MARKET STREET, SUITE 2004</b>
	<b>6</b> City, state, and ZIP code <b>PHILADELPHIA, PA 19107</b>
<b>7</b> List account number(s) here (optional)	
Requester's name and address (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b>								
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.  <b>Note:</b> 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.	<table style="width: 100%;"><tr><th colspan="2" style="text-align: center;">Social security number</th></tr><tr><td style="text-align: center;">[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ]</td></tr><tr><td style="text-align: center;"><b>or</b></td></tr><tr><th colspan="2" style="text-align: center;">Employer identification number</th></tr><tr><td style="text-align: center;">[ ][ ] - [ ][ ][ ] [ ][ ][ ][ ][ ]</td></tr></table>	Social security number		[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ]	<b>or</b>	Employer identification number		[ ][ ] - [ ][ ][ ] [ ][ ][ ][ ][ ]
Social security number								
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ]								
<b>or</b>								
Employer identification number								
[ ][ ] - [ ][ ][ ] [ ][ ][ ][ ][ ]								

<b>Part II Certification</b>	
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); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <b>Certification instructions.</b> 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.	

<b>Sign Here</b>	Signature of U.S. person 	Date <b>05/10/2024</b>
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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](http://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