Jefferson Sleep Medicine Symposium: What's New Under the Moon?

9th Annual Sleep Medicine Symposium Exhibitor Prospectus

Friday, May 17, 2024 Dorrance H. Hamilton Building 1001 Locust Street Philadelphia PA 19107



Office of Continuing Professional Development 1020 Locust Street, Suite M5 Philadelphia, PA 19107 T 1-877-JEFF-CPD (533-3273) T 215-955-6992 F 215-955-3212 Jeffersoncpd@jefferson.edu Jefferson.cloud-cme.com

9th Annual Sleep Medicine Symposium: What's New Under the Moon?

Friday, May 17, 2024

Don't Miss This Exhibit Opportunity!

On behalf of course director Karl Doghramji, MD and the Jefferson Sleep Disorders Center, I would like to formally invite your company to exhibit at the **9**th **Annual Sleep Medicine Symposium** on Friday, May 17, 2024. The symposium will take place on the Center City campus of Thomas Jefferson University in Philadelphia, PA.

This year's program will cover hot topics in sleep medicine such as clinical challenges in the management of restless legs syndrome, application of artificial intelligence in the clinical practice of sleep medicine, management of insomnia in children and adolescents and recognition and management of idiopathic hypersomnia. The event attracts 125-175 primary care physicians and practicing specialists in sleep medicine, pulmonary/critical care medicine, neurology, psychiatry, cardiology, urology, otolaryngology, oral & maxillofacial surgery, psychology and dentistry. The program also attracts healthcare providers such as psychologists, physician extenders, respiratory therapists, sleep medicine technologists, and nurses/nurse specialists.

As an exhibitor, your company will have the opportunity to interact and share your product offerings with healthcare professionals from the Philadelphia tristate area. We are pleased to offer three exhibit levels with varying benefits including conference registrations, follow-up call from course director, list of attendees who opted in for industry contact, and company advertisements in the exhibitor directory.

Additionally, we are also offering companies the opportunity to host a **"Product Theater"** during the symposium. This 30 minute, industry-hosted educational session allows companies to discuss issues on patient education, specific products and therapeutic areas with interested participants outside of the CE-certified content of the Sleep Medicine Symposium.

We hope that you will join us as an exhibitor for this exceptional continuing education program and important networking event, most appropriately deserving of your participation and support. Please register at https://jefferson.cloud-cme.com/sleep2024 to reserve your booth. Feel free to contact me with any questions or concerns, requests to customize your virtual exhibit booths, or suggestions for more virtual exhibit features.

Sincerely,

Jodi Markzion, CMP CPD Planner Office of Continuing Professional Development Thomas Jefferson University Email: Jodi.Markizon@jefferson.edu

> *Please note that Thomas Jefferson University is not listed as a covered recipient on the CMS/Sunshine Act list. Contact us with any questions regarding status.

| CONFERENCE DATE: | Friday, May 17, 2024 | | | | |
|------------------------------|---|--|--|--|--|
| CONFERENCE LOCATION: | Dorrance H. Hamilton Building 1001 Locust Street Philadelphia, PA 19107 | | | | |
| EXHIBIT TIMES: | The exhibit hall will be open throughout the conference. The following times (subject to change) are dedicated exhibit times where food and beverage will be served during programs: 6:30AM Set up 7:00AM - 7:45AM Registration, Continental Breakfast & Exhibits 10:30AM - 10:45AM Break & Exhibits 12:30PM - 1:30PM Lunch & Exhibits 2:15PM - 2:30PM Break & Exhibits | | | | |
| EXHIBITOR REGISTRATION: | Be sure to reserve your booth through our online registration system <u>Register Here</u> | | | | |
| SETUP & BREAKDOWN: | All exhibits must be tabletop or portable in nature. Exhibit Set-up can begin on <u>Friday, May 17 at 6:30AM</u> Exhibit breakdown must be completed by 5:00PM at the end of conference. | | | | |
| PAYMENT: | To secure your exhibit booth, pleas register and make payment here: Register Here Please make check payable to: Thomas Jefferson University Mail to: Thomas Jefferson University Office of CPD Jefferson Alumni Hall 1020 Locust Street, Suite M-5 Philadelphia, PA 19107 Tax ID: 23-135-2651 Visa, MasterCard, and American Express are also accepted. | | | | |
| EXHIBIT LEVEL & BENEFITS: | Visa, MasterCard, and American Express are also accepted. GOLD LEVEL \$5,500 • One 6ft draped table in premium exhibit location in exhibit area • Up to four company representatives • Three complimentary conference attendees • 1 full page color advertisement and company listing in Exhibitor Directory • Ads due: Thursday, May 9, 2024 • Ad Specs: JPEG, PNG or PDF format, 8.5 x 11, no bleed with a border • Follow up phone call with course director • List of attendees with contact information who opted in for industry follow-up. • Individual company acknowledgement signage • PowerPoint slideshow acknowledgement SILVER LEVEL - \$3,500 • One 6ft draped table • Up to three company representatives • Two complimentary conference attendees • One half page color company advertisement in Exhibitor Directory • Ad Specs: JPEG, PNG or PDF format, 8.5 x 5.5, no bleed with a border • List of attendees with contact information who opted in for industry follow-up. • PowerPoint slideshow acknowledgement BRONZE LEVEL - \$2,500 • One 6ft draped table • Up to two company representatives • Company listing in Exhibitor Directory • PowerPoint slideshow acknowledgement | | | | |

| | PRODUCT THEATER - \$7,500 (limited to first 2 paid companies) | | | | | |
|-------------------|--|--|--|--|--|--|
| | Product Theaters provide a pre-scheduled, private forum to gather and | | | | | |
| | discuss issues on patient education, specific products and therapeutic areas | | | | | |
| | with symposium attendees. Jefferson Office of CPD recognizes that Product | | | | | |
| | Theaters will be promotional and may concentrate on a specific product or drug. <i>These sessions are not approved for continuing education credits</i> . | | | | | |
| | and a sessions are not approved for continuing education creates. | | | | | |
| PRODUCT THEATER | • This opportunity is limited to two 30-minute sessions on May 17 from | | | | | |
| \$7,500 | 7:10AM - 7:40AM or 12:45PM - 1:15PM* | | | | | |
| <i></i> | • Each meeting space can hold up to 75 people. | | | | | |
| | • Basic AV set up of screen; projector and microphone will be provided. | | | | | |
| | Additional AV equipment or services available at company's expense. | | | | | |
| | Breakfast and lunch buffets will be set up in the room. | | | | | |
| | Product theaters will be advertised to registered conference attendees prior to the meeting. Companies may provide a 1 page digital flyer. | | | | | |
| | Product theaters will be advertised during the running slideshow in the | | | | | |
| | conference room during breaks. | | | | | |
| | Companies may provide a physical sign to displayed for attendees and | | | | | |
| | faculty at check in. | | | | | |
| | | | | | | |
| | *Slot selections are based on who registers first. We cannot guarantee any slot until your registration is completed. | | | | | |
| | Electrical services are included in the exhibit fee. We will do our best to | | | | | |
| ELECTRICAL NEEDS: | accommodate each request. Each company is responsible for communicating their | | | | | |
| | electrical needs in their exhibit registration or by emailing | | | | | |
| | Jodi.Markizon@jefferson.edu | | | | | |
| | Shipments will be accepted <i>no more than two days</i> prior to the conference. Be sure to include the following information when shipping your materials: | | | | | |
| | to include the following information when suppling your materials. | | | | | |
| | Sleep Symposium 2024 - Friday, May 17, 2024 | | | | | |
| | Attn: Jodi Markizon | | | | | |
| | Jefferson Alumni Hall | | | | | |
| | 1020 Locust Street, Suite M-5 | | | | | |
| SHIPPING: | Philadelphia, PA 19107 Box of | | | | | |
| | | | | | | |
| | Thomas Jefferson University Office of CPD does not accept any liability for | | | | | |
| | equipment, goods, displays or other materials which arrive unmarked or fail to | | | | | |
| | arrive. 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. | | | | | |
| | All exhibits must be tabletop or portable in nature. Exhibitor activities are restricted to the allocated space at the conference. | | | | | |
| | Distribution of educational/promotional materials by exhibitors is limited to their | | | | | |
| | booth space in the exhibit area. It is not permitted anywhere else in the hall, in | | | | | |
| | conference meeting space, or at the entrances to the conference meeting space. | | | | | |
| | • Exhibits are intended for informational purposes, products should not be sold on site. | | | | | |
| | Photography by exhibitors that includes pictures of the overall conference and/or its attendance is prohibited | | | | | |
| EXHIBITOR RULES: | attendees is prohibited.The purpose of the exhibit is to further the education of meeting attendees through | | | | | |
| EXHIBITOR ROLLS. | product and service displays and demonstrations. Exhibitor personnel may observe, | | | | | |
| | but must refrain from any participation or recording of any scientific sessions on that | | | | | |
| | company's behalf. | | | | | |
| | • The conference is not responsible for the security of exhibitors' materials. We | | | | | |
| | suggest that exhibitors leave nothing of value (e.g., laptop computer, audio visual equipment, etc.) unattended at any time in the exhibit hall. | | | | | |
| | Exhibitor is NOT furnishing commercial support for this conference, Exhibitor is | | | | | |
| | buying exhibit space. | | | | | |
| | | | | | | |

| SUNSHINE ACT: | The Parties acknowledge and agree that 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 42 CFR 402 & 403 (collectively the "Sunshine Act"). 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 is required to be reported under the Sunshine Act. |
|--|---|
| CANCELLATION BY THE CONFERENCE ORGANIZERS: | The University reserves the right to cancel or postpone this course due to unforeseen circumstances. In the event of cancellation or postponement, the University will refund registration fees, but is not responsible for related costs or expenses to exhibitors, including cancellation fees assessed by hotels, airlines or travel agencies. |
| EXHIBITOR REFUND POLICY: | Requests for exhibitor fee refunds must be submitted in writing and received by the Office of CPD two weeks prior to the start date of the course. There will be no refunds after this period. Cancellations notified before the two-week period will incur a 10% administration fee. Exhibitors who fail to attend the conference are responsible for the entire fee. All refunds will be processed after the conference. |
| QUESTIONS? | Please contact Jodi Markizonmarki at Jodi.Markizon@jefferson.edu |



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| | Preliminary / | Agenda - Subject to Chang | ge | | | | |
|-------------------|--|---|--|---|--|--|--|
| 7:00AM - 7:45AM | Registration, Continental Breakfa | st, & Exhibits | | | | | |
| 7:45AM - 8:00AM | Welcome and Introduction | | Karl Doghramji, MD John Lauriello, MD Robert Rosenwasser, MD | | | | |
| | • | Session I | | • · · · · · · · · · · · · · · · · · · · | | | |
| 8:00AM - 8:45AM | Guest Lecture: Clinical challenge syndrome | s in the management of restles | s legs | Christopher Earley MD Johns Hopkins University | | | |
| 8:45AM - 9:30AM | Sleep and psychiatric disorders: C | auses and consequences | | Ruth Benca MD Wake Forest University | | | |
| 9:30AM - 10:15AM | Guest Lecture: Application of art practice of sleep medicine | ificial intelligence in the clinic | al | Charles Bae, MD University of Pennsylvania | | | |
| 10:15AM - 10:30AM | Questions and Panel Discussion | Questions and Panel Discussion | | | | | |
| 10:30AM - 10:45AM | Break & Exhibits | | | | | | |
| 10:45AM - 11:30AM | Guest Lecture: Management of insomnia in children and adolescents Jodi Mindell PhD St. Joseph University | | | | | | |
| 11:30AM - 12:15PM | Advances in the understanding of and wakefulness | Dimitri Markov MD | | | | | |
| 12:15PM - 12:30PM | Questions and Panel Discussion | | | | | | |
| 12:30PM - 1:30PM | Lunch & Exhibits | | | | | | |
| | l | Breakout Sessions | | | | | |
| 1:30PM - 2:15PM | Alternative modalities for the management of obstructive sleep apnea | ing PAP Compliance: Emerging om Jefferson research studies | | | | | |
| | Faculty: Ritu Grewal MD | Faculty: Robert Tavella RPSTT | Erin Cre | Faculty: Erin Creighton MD Zhanna Fast MD | | | |
| | | Session II | | | | | |
| 2:15 PM - 2:30PM | Break & Exhibits | | | | | | |
| 2:30PM - 3:15PM | Update on the Management of Obesity Janine Kyrillos MD | | | | | | |
| 3:15PM - 3:45PM | Diagnosis and management of REM sleep behavior disorder Zhikui Wei MD | | | | | | |
| 3:45PM - 4:15PM | Recognition and management of idiopathic hypersomnia Karl Doghramji MD Nicole Molin MD | | | | | | |
| 4:15PM - 4:30PM | Questions and Panel Discussion | | | | | | |
| 4:30PM | Adjournment | | | | | | |

^{PS} Eligible for Pennsylvania Patient Safety & Risk Management credit ^R Eligible for Nursing Pharmacotherapeutic credit.

Request for Taxpayer Identification Number and Certification

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

| | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | | | | | | | |
|---|---|--|---|---|--|--|--|--|--|
| | THOMAS JEFFERSON UNIVERSITY | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | |
| с; ° | fo | neck appropriate box for federal tax classification of the person whose name is entered on line 1. Che llowing seven boxes. Individual/sole proprietor or D C Corporation D S Corporation D Partnership | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | | |
| s 2 | D | single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnersh | nip)► | Exempt payee code (if any) 1 | | | | | |
| S 2 ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; | | Note: Check the appropriate box in the line above for the tax classification of the single-member own LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the own another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner site owner and the tax classification of its owner is disregarded from the owner should check the appropriate box for the tax classification of its owner and tax classification of tax classification of its owner and tax classification of tax classificat | wner of the LLC is e-member LLC that | Exemption from FATCA reporting code (if any) | | | | | |
| "ij (1) | 0 | Other (see instructions) NON-FOR-PROFIT 501C3 | | (Applies to accounts maintained outside the U.S.) | | | | | |
| Q. CI) | 5 Ad | dress (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional) | | | | | | |
| 35 1101 MARKET STREET, SUITE 2004 | | | | | | | | | |
| () | | ty, state, and ZIP code | | | | | | | |
| Par | t⊇_I | LADELPHIA, PA 19107 | | | | | | | |

7 List account number(s) here (optional)

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 | | | | | | | | | | | |
|------------------------|--------------------------------------|---|---|---|----|----|---|---|---|---|--|
| | Γ | | | - | [] | ſJ | - | | | | |
| [| or Employer identification number | | | | | | | | | | |
| | 2 | 3 | - | 1 | 3 | 5 | 2 | 6 | 5 | 1 | |
| | | | | | | - | | | • | | |

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); 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 for Part II, later.

| 0: | | | |
|------|---------------|-------------------------------------|---|
| Sign | Signature of | and MC | |
| Here | U.S. person ► | Mar | (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, |
| | | revgenry Shcherbakov, Acct. Manager | but are not limited to, the following. |

Form 1099-INT (interest earned or paid)

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

Cat. No. 10231X

Date 01/12/2023

· 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.

Form **W-9** (Rev. 10-2018)