



# 2019 Annual Scientific Assembly



**June 21-23, 2019**

**Grandover Resort | Greensboro, NC**

Stay informed on the latest Conference information at [www.onsms.org](http://www.onsms.org).



## Exhibitor & Sponsor Information

### EXHIBIT FEES & PAYMENT

Applications must be submitted at the same time as PAYMENT IN FULL for space rental charges. Applications received without receipt of payment will not be processed nor will space assignments be made. The deposit of payments does not constitute acceptance of application.

### STANDARD EXHIBIT

- |                      |                              |
|----------------------|------------------------------|
| (1) 8ft. table       | (2) chairs                   |
| (2) exhibitor badges | (1) pre-show attendance list |
| (1) wastebasket      |                              |

Electrical service is available upon request.

Additional Exhibitor personnel with Exhibitor Badge is \$150 per person.

SETUP — June 21

BREAKDOWN — June 23 after 11:00 a.m.

### WHAT TO WEAR

Exhibitor personnel must wear attire consistent with the professional decorum of the Annual Scientific Summit and conduct themselves in a professional manner. Business casual is the appropriate attire for the Conference and related conference events.

### Sponsorship Levels

PLATINUM SPONSOR .....\$20,000

GOLD SPONSOR .....\$10,000

SILVER SPONSOR .....\$5,000

BRONZE SPONSOR .....\$2,500

CRYSTAL SPONSOR .....\$1,000

## Program Advertising

### STANDARD ADS

Full Page.....\$1,000  
1/2 Page .....\$500  
1/4 Page .....\$250

### FRONT INSIDE COVER

Full Page.....\$1,500

### BACK INSIDE COVER

Full Page.....\$1,250

*The company name, as listed on the Application, will be used for the Conference Program Listing. Our Advertising Staff will be in touch with you with information about ad submission guidelines.*

## Cancellation Policy

In the event it is necessary for the Exhibitor to cancel this Space Rental Agreement, a full refund (less a \$50 processing fee per booth) will be made for any request postmarked no later than May 31, 2019. No refunds will be made on cancellations postmarked after that date. Cancellations must be received in writing from the authorized Exhibitor Representative.

## Application & Contract for Exhibit Space

Contact Person

Address

City

State/Province

Zipcode

Phone (800# and/or direct line)

Fax

Email

Representative #1 (Complimentary) for onsite badge

Representative #2 (Complimentary) for onsite badge

Representative #1 Email Address

Representative #2 Email Address

Do you need an electrical connection in your booth? ☐ Yes ☐ No

MANDATORY | Service/Product Description: *(please limit to 25 words or less)*

BOOTH PREFERENCE

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_

*Please note: we will do our best to accommodate your request.*

List any company you **want to be near**

List any company you **do not want to be near**

I hereby acknowledge that I have received the Trade Show Rules and will abide by them as stated in the Prospectus. It is understood that these Rules are part of this Application and Contract for Exhibit Space.

Accepted for Exhibitor (Authorized Signature)

Title

Date

**This document must be signed prior to acceptance by The Old North State Medical Society.**

### PAYMENT INFORMATION

Date Received \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_

Credit Card Type: ☐ Visa ☐ MC ☐ AMEX

Card# \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CID \_\_\_\_\_

Billing \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### SPONSOR FEES FOR EXHIBITOR SPACE

Please choose sponsorship level and enter sponsor fee below. Each sponsorship includes 2 exhibitor badges. For additional exhibitors, please see the fee schedule below.

PLATINUM	\$20,000
GOLD	\$10,000
SILVER	\$5,000
BRONZE	\$2,500
CRYSTAL	\$1,000

Standard Exhibit Fee	\$750	\$ _____
Additional Staff	\$150 x _____	\$ _____
TOTAL DUE:		\$ _____

**Please return this Application to [treasurer@onsms.org](mailto:treasurer@onsms.org) and Contract for Exhibit Space.**

# 2019 Annual Scientific Session

The Old North State Medical Society Annual Conference and Trade Show is sponsored by the North Carolina Medical Group Management Association (The Old North State Medical Society), herein known as Show Management or Management.

## 1. EXHIBIT FEES & PAYMENT

Applications must be submitted with payment IN FULL for space rental charges. Applications received without such payment will not be processed nor will space assignments be made. Deposit of payments does not constitute acceptance of application. In the event of cancellation by an exhibitor (Exhibitor), the cancellation policy below shall apply. All cancellation requests must be made in writing.

Included in exhibit costs: (1) 8x10 booth, (2) chairs, (2) exhibitor badges, (1) wastebasket, (1) 8ft. skirted table, (1) electrical outlet, (1) pre-show mailing list.

## 2. CANCELLATION OF SPACE

In the event it is necessary for the exhibitor to cancel their space rental agreement, a full refund (less an administrative expense fee of \$50 per booth) will be made for requests postmarked no later than June 1, 2016. No refunds will be made on cancellations postmarked after June 1, 2016. Cancellations must be received in writing from the authorized exhibitor representative.

## 3. SPACE RENTAL & ASSIGNMENT OF LOCATION

Space for exhibitors is available by invitation only. Alliance Sponsors receive priority booth assignment. The Old North State Medical Society reserves the right to refuse rental of display to any individual or company whose display of goods or services is not, in its opinion, compatible with the general character and objectives of the Trade Show. Applicant's right to space and to continued use of space during the Show is a right governed solely by the provisions hereof and is not a lease or Management of tenancy, nor shall it be construed as such. I make reasonable efforts to separate exhibitors of like products, but no assurance can be given as to such separation. MANAGEMENT RESERVES THE RIGHT, IN ITS SOLE DISCRETION, TO MAKE THE FINAL DETERMINATION OF ALL SPACE ASSIGNMENTS AND TO CHANGE ASSIGNMENTS AT ANY TIME.

## 4. EXHIBITOR'S AUTHORIZED REPRESENTATIVE

Each exhibitor must name one person to be his/her representative in connection with the firm's exhibit. This representative shall have authority to contract for the company, be responsible for payment of booth rental and, during show times, keeping the exhibit neat, staffed, and orderly. Badge swapping is not permitted.

## 5. INSTALLATION AND REMOVAL OF EXHIBITS

At the time of the writing of these rules, it is planned that installation may take place on Friday, June 24, 2016, from TBD. In the event that Exhibitor fails to complete installation of his/her exhibit by 10:00 a.m. on Friday, June 1, 2016, Show Management shall have the right to take possession of said space and resell some, or any part thereof. Exhibitors shall be liable for 100% of said booth rental (Exhibits must be completely removed by June 25, 2016 by 5:00 p.m.).

ANY EXHIBITOR WHO BREAKS DOWN HIS/HER BOOTH BEFORE 3:15 P.M., SATURDAY, JUNE 25, 2016, WILL BE ASSESSED A \$200 PER BOOTH PENALTY.

## 6. EXHIBITS AND PUBLIC POLICY

Each Exhibitor is charged with the responsibility for knowledge of and shall comply with all applicable laws, ordinances, and regulations while participating in the Trade Show. Compliance with such laws is mandatory for all exhibitors and the sole responsibility is that of the Exhibitor. Management and service contractors have no responsibility for any exhibitor's compliance. All exhibits must conform to the rules and regulations for the Fire Department having local jurisdiction. All drapery, carpet, cloth, paper banners, and other decorative effects shall be flame retardant treated. No signs or advertising devices shall be displayed outside of the exhibit booth space other than those furnished by ONSMS. No alcoholic beverages of any kind may be prepared, served or distributed by an exhibitor. Food and/or non-alcoholic beverage products must be approved by show management. Photography of individual exhibits is not permitted at the Show except with the permission from the exhibitor whose booth is photographed, or by special written permission from Management, or by representatives of the press who are so credentialed by Management.

## 7. BOOTH CONSTRUCTION

Since each exhibitor (regardless of the size of their exhibit) is entitled to a reasonable sightline from the aisle, all exhibit materials and/or backdrops in excess of 4 feet tall must be kept within 5 feet of the back line of the exhibit except for back-to-back booths where exhibit materials and/or backdrops in excess of 4 feet tall must be confirmed to within 5-1/2 feet of the centerline. In addition, Show Management has the authority to approve a greater height limit in the exhibit hall in cases where a special need has been satisfactorily shown and where the increased height limit will not interfere with neighboring exhibits or the overall appearance of the Trade Show.

## 8. DISPLAY & SELLING OF PRODUCTS

Show Management provides display space for suppliers to exhibit and demonstrate products to customers and potential customers. All exhibitors are required to adhere to such rules and regulations that may be established by the Internal Revenue Service to ensure continued income tax exemption for the Trade Show. Exhibitors, in the presentation of their products and services, cannot make claims that may be construed as misleading or unsubstantiated, in According to the North Carolina sales tax codes, any items sold and delivered onsite of the Trade Show, may be subject to local and state sales taxes. It is the Exhibitor's sole responsibility to know these codes, apply for any needed permits, collect the appropriate fees, and submit payments accordingly.

## 9. CREDENTIALS

Show Management will provide exhibitors with up to two (2) badges per booth assignment for booth personnel while on the exhibit floor. These badges are intended for use of the exhibitor employees only. Badges are not transferable and may not be replaced or exchanged. No refunds will be issued for badges not picked up by the Exhibitor.

## 10. LIABILITY

Each exhibitor is entirely responsible for their both space contract by him/her, and has sole responsibility for keeping said space free from any conditions which might be dangerous to persons coming upon the premises. The Exhibitor agrees to defend, indemnify and hold harmless The Old North State Medical Society, its management, sponsors, members, officers, representatives or employees, the designated exposition/decorating company or their owners, managers, officers, directors, agents, employees, subsidiaries, affiliates, or subcontractors, from any damages or charges resulting from the Exhibitor's use of the property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from or out of or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of the Exhibitor's occupancy and use of the exhibition premises, the facilities or any part thereof.

## 11. FORCE MAJEURE OR CANCELLATION OF THE SHOW

In case said premises shall be destroyed by fire or the elements which or by any cause, or in case of Government intervention or regulations, military activity, strikes, or any other circumstances make it impossible or inadvisable to hold the show at the time and place provided in the Application and Contract for Exhibit Space, then and thereupon, the contract shall terminate and the Exhibitor shall waive any claim for damages or compensation, except the pro-rated return of the amount paid for the space, after deduction of actual expenses incurred in connection with the Trade Show, and there shall be no further liability on the part of either party.

In the event that the Show is not held, for any reason determined by Show Management, this contract shall be deemed terminated and a full refund of exhibit rental fees shall be refunded to the Exhibitor, less Show Management's actual incurred expenses. Should the Show be closed by Management prior to the scheduled closing date and time, a proportional remedy will be determined, at the sole discretion of Show Management.

## 12. INSURANCE

Each exhibitor is responsible for his/her own equipment. In all cases, exhibitors desiring to insure their exhibits and displays against fire, theft, etc. must do so at their own expense.

## 13. AMENDMENTS/ENFORCEMENT

Show Management reserves the right to interpret, amend and enforce these Rules and Regulations. Written notice of any amendments or interpretations shall be given to exhibitors. Each exhibitor, for himself, his agent, and employees agrees to abide by the Rules and Regulations set forth herein, or by any subsequent amendments or interpretations. Show Management reserves the right to enforce compliance with these rules and regulations. If an exhibitor violates one or more of these Rules and Regulations, Show Management may refuse to allow the Exhibitor to set up and/or continue to exhibit and may refuse to permit that exhibitor to show in future years.

## 14. AMERICANS WITH DISABILITIES ACT

Exhibiting company shall be responsible for securing any and all necessary licenses or consents for:

(a) Any performances, displays, or other uses of copyrighted works or patented inventions, and

(b) Any use of any name, likeness, signature, voice or other impression or other intellectual property owned by any third party used, directly or indirectly, by the Exhibitor. The Exhibitor hereby agrees to indemnify, defend and hold ONSMS harmless from and against any claim of liability and any resulting loss, cost, or damage (including costs of lawsuit and attorney's fees) for failure to obtain these licenses or consents and/or for infringements or other violations of the property rights or the rights of privacy or publicity of any third party.

## 16. OTHER MATTERS

The rules and regulations incorporated in this agreement have been formulated in the best interests of our exhibitors. We request your full cooperation in their observance. Any and all matters not specifically covered will be subject to the decision of Show Management.

Questions?  
Eleanor Greene  
treasurer@onsms.org



# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://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.

OLD NORTH STATE MEDICAL SOCIETY

2 Business name/disregarded entity name, if different from above

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) ►

**NON-PROFIT ORGANIZATION**

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.

3750 ADMIRAL DRIVE, SUITE 104

6 City, state, and ZIP code

HGHIH POINT, NC 27265

Requester's name and address (optional)

7 List account number(s) here (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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

5 6 - 6 0 6 0 8 6 1

## 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 ►

*Elaine A. Seene*

Date ►

3/11/2019

## 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](http://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.