

Exhibit Opportunity



The Kansas City Southwest Clinical Society is celebrating their 101st Annual Fall Clinical Conference on October 5 through 7, 2023 at the Overland Park Convention Center, 6000 College Avenue, Overland Park, KS. On behalf of the KCSWCS, I invite you to be an exhibitor at the conference. Display hours are Thursday, October 5: 9:30 am to 4:15 pm and Friday, October 7: 8:30 am to 3:20 pm.

This year our symposium topics are: Women's Wellness, Substance Use and Addition, Adolescent Health, Mental Health, Cardiology, Population/Public Health, Orthopedics, and Weight Management along with state-of-the-art lectures. The full schedule will be posted at www.kcswcs.org as topics and faculty are confirmed.

This year we do plan to do a hybrid meeting with those feeling comfortable attending in person, while still making the presentations available OnDemand at a later date. We are planning for 325 providers to join us live at the Convention Center.

Along with the opportunity to visit with our participants during the live event, benefits of exhibiting include your organization name, contact information and product description will be listed on the conference web site and in the conference materials received by participants at the conference and those attending online.

The six-foot table-top display spaces available will be in the foyer outside the CME education rooms. Rental fee is \$1,700 per premium space or \$1,500 per standard space.

Should you wish to rent a table-top display, please complete an Exhibit Space Request form online at <https://kcswcs.memberclicks.net/101exhibit>. You may pay online with a credit card or send a check. Checks should be made out to Kansas City Southwest Clinical Society and sent to KCSWCS, 9140 Ward Parkway, Suite 210, Kansas City, MO 64114. Our Tax ID number is 44-0309060. A current W-9 is available upon request. Payment must be received before a space is assigned. If you need to make special financial arrangements, please send me an email at ruth@kcswcs.org.

Thank you for your consideration. Your company's support of this program would be greatly appreciated. We hope to hear from you soon. If you have any questions, please send me a note at ruth@kcswcs.org or call 816.523.3383.

Sincerely,
Ruth Smerchek
Executive Director

Exhibitor Benefits

- Meet with health care providers from the Midwest, predominantly Kansas and Missouri primary care providers
- Company name on the event web page
- Company name listed in the on-site conference guide and signage
- Company name, contact information and product description listed on the OnDemand conference web site and in the conference materials
- Complimentary breaks and refreshments. Meals are not included.
- Wi-Fi available at no charge in the exhibit area
- List of attendees provided after the conference

Exhibit Schedule:

Location: Overland Park Convention Center, 6000 College Boulevard, Overland Park, KS

Thursday, October 5

7:00 am to 9:45 am	Exhibitor Set-up
10:00 am to 4:00 pm	Exhibit Area open
10:00 am to 10:20 am	Refreshment Break in Exhibit Area
3:00 pm to 3:15 pm	Refreshment Break in Exhibit Area

Friday, October 6

10:00 am to 4:00 pm	Exhibit Area open
10:00 am to 10:20 am	Refreshment Break in Exhibit Area
3:00 pm to 3:15 pm	Refreshment Break in Exhibit Area
3:20 pm	Exhibitor Tear Down

Reserve Exhibit:

- Complete and submit an Exhibit Space Request via e-mail to ruth@kcswcs.org or mail to: KCSWCS, 9140 Ward Parkway, Suite 210, Kansas City, MO 64114
- Reserve space online at <https://kcswcs.memberclicks.net/101exhibit>

All exhibits are to be designed for the display and demonstration of products and services relating to the practice and advancement of the art and science of medicine or the professional education of the attendees. Any product being promoted through an exhibit that requires approval by the Food and Drug Administration (FDA) must receive this approval before the manufacturer is eligible to exhibit this product. KCSWCS may forbid installation or request removal or discontinuance of any exhibit or promotion, wholly or in part, that in its opinion is not keeping with the character and purpose of the event and/or KCSWCS.

Exhibit Fee and Payment:

- Premium exhibit space fees are \$1700. Only eight spaces available. See map for placement.
- Standard exhibit space fees are \$1500.

Payment can be made with a credit card or e-check at <https://kcswcs.memberclicks.net/101exhibit>. Make checks out to Kansas City Southwest Clinical Society and mail to KCSWCS, 9140 Ward Parkway, Suite 210, Kansas City, MO 64114. KCSWCS's Federal Tax ID 44-0309060. Payment is due with your application unless prior arrangements have been made with the Executive Director.

Exhibit Assignment:

Exhibits will be in the foyer of the meeting room. Space is limited to 32 vendors and available on a first-come, first-served basis, determined by request and payment date. KCSWCS reserves the right to redesign the layout of the exhibit tables and may, at their discretion, reassign booth placement as needed.

Exhibit Space Furnishings:

- One six-foot, draped table
- Two chairs
- Complimentary Wi-Fi

Designated Exhibit Times:

Designated visiting times are listed in the on-site conference guide. All conference attendees are invited to the exhibit area for complimentary refreshments during these times. Exhibitors are encouraged to staff tables during these times. KCSWCS will also be sponsoring a prize drawing to encourage attendees to visit the exhibitors.

Food, Drink and Prizes at Exhibit:

No food or drink may be served at an exhibit space that is not purchased through the Overland Park Convention Center. Prize drawings or contests are allowed and must be open to all attendees.

Security:

There is no formal security at the event. KCSWCS cannot guarantee against loss or damage of any kind. Exhibitors assume all risk of loss or damage. Exhibitor assumes responsibility and hereby agrees to protect, indemnify, defend and hold KCSWCS and agents harmless against all claims, losses, and damages to persons or property, governmental charges or fines, and attorney fees arising out of or cause of exhibitors’ installation, removal, maintenance, occupancy or use of the exhibitor premises or a part thereof. Exhibitor agrees that KCSWCS shall not be responsible for any exhibit items that are lost, stolen, damaged, or destroyed during the Conference, including setup or tear down.

Hotel:

A block of rooms will be reserved at the Sheraton Overland Park Hotel at the Convention Center, 6100 College Boulevard, Overland Park, KS 66211. If you need a room, please email Ruth at ruth@kcswcs.org and she will send you the information.

Shipping:

Please refer to the Overland Park Convention Center Exhibitor Information at <https://opconventioncenter.com/consumer-show-space-in-overland-park-kansas/> KCSWCS is not responsible for receiving or transporting of shipped items.

Exhibitor Area: Not drawn to scale. Layout is subject to change without notification.

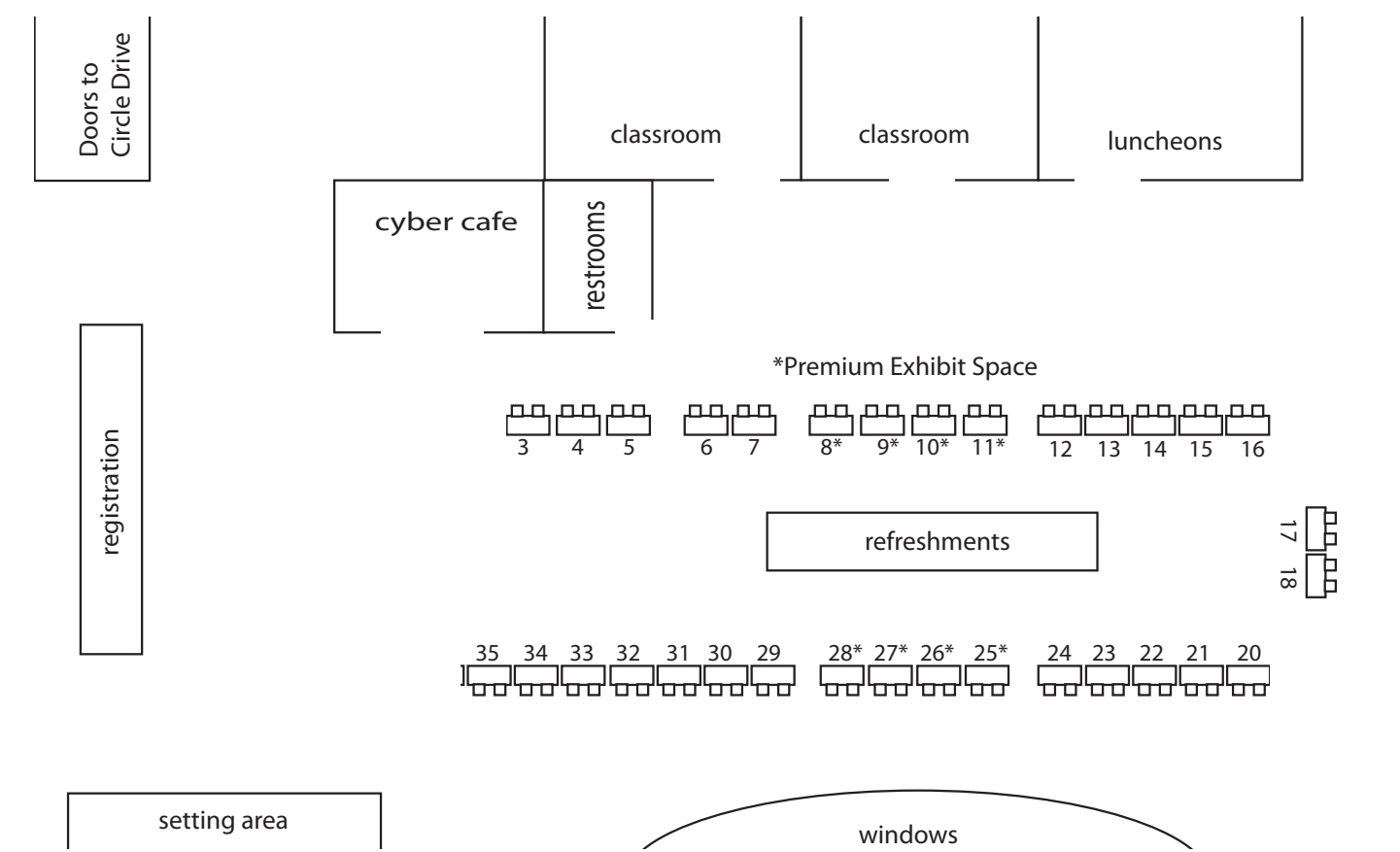


Exhibit Space Request

Kansas City Southwest Clinical Conference's

101st Annual Fall Clinical Conference

October 5 through 7, 2023

Overland Park Convention Center, 6000 College Boulevard, Overland Park, KS

Company: _____ Contact Person: _____

E-mail: _____ Phone: _____

Website: _____ Product: _____

If possible, please do not place our company next to the following companies:

Preferred Location: Every effort will be made to assign you one of your booth selections (see map inside). However, booth assignments are reserved on a first-come, first-served basis. If none of your selections are available, we will assign you a location.

1st _____ 2nd _____ 3rd _____ 4th _____

Payment - KCSWCS Federal Tax ID: 44-0309060

_____ Total number of premium spaces requested: \$1700 each.

_____ Total number of regular spaces requested: \$1500 each.

_____ Total number of meals requested: \$40 each. ____ # for Thursday ____ # for Friday

☐ Check is enclosed. Make check payable to KCSWCS.

☐ Check mailed prior to meeting. Payment must be received before a space is assigned.

☐ Pay online at <https://kcswcs.memberclicks.net/exhibitorapp>.

☐ Credit card payment. ____ Visa ____ MasterCard ____ Discover ____ American Express

Account Number _____ Expiration Date _____

Security Code _____ Signature _____

Terms and Conditions

When the exhibitor request and payment is accepted by KCSWCS it becomes a contract and the exhibiting company must abide by all conditions as set forth in this prospectus. Exhibitor assumes responsibility and hereby agrees to protect, indemnify, defend and hold safe the Kansas City Southwest Clinical Society and agents harmless against all claims, losses, and damages to persons or property, governmental charges or fines, and attorney fees arising out of cause of Exhibitor's installation, removal, maintenance, occupancy or use of the exhibitor premises or a part thereof. Exhibitor agrees that the KCSWCS shall not be responsible for any exhibit items that are lost, stolen, damaged or destroyed during the Conference, including setup or tear down. Under government order of emergency or other fair reasons beyond its control, KCSWCS reserves the right to cancel the exhibit with a full refund of space payments made.

I have read and understand the conditions above. By signing below I am indicating my company's agreement to become an exhibitor for the 101st Annual Fall Clinical Conference and abide by the terms and conditions set forth in this prospectus.

Authorized Signature _____

Return request with payment to: KCSWCS, 9140 Ward Parkway, Suite 210, Kansas City, MO 64114.

Phone: 816.523.3383. E-mail: ruth@kcswcs.org Web site: www.kcswcs.org

Form

W-9(Rev. October 2018)
Department of the Treasury
Internal Revenue Service**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.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Kansas City Southwest Clinical 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**

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.

9140 Ward Parkway Suite 210

6 City, state, and ZIP code

Kansas City, MO 64114

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.**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

4	4	-	0	3	0	9	0	6	0
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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 ▶

Date ▶

5/18/2023**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.