



Exhibit Opportunity

The Kansas City Southwest Clinical Society (KCSWCS) is celebrating their 103rd Annual Fall Clinical Conference on November 6 through 8, 2025 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, November 6: 9:30 am to 4:15 pm and Friday, November 7: 8:30 am to 3:20 pm. We are planning for more than 275 providers to join us live at the Convention Center. The majority of attendees are primary care providers from Kansas and Missouri.

This year our symposium topics are: Pulmonary, Occupational Medicine, Gastroenterology/Hepatology/Nephrology, Joint Replacement, Imaging and Lab Interpretation, Diabetes, Women's Health and Cardiology along with state-of-the-art lectures. The full schedule will be posted at www.kcswcs.org as topics and faculty are confirmed.

In addition to engaging with attendees during the live event, exhibitors will receive several benefits, including having their organization's name listed on the conference website. Company name, contact information, and a product description will also be included in the conference materials provided to both in-person and virtual participants.

Six-foot tabletop display spaces will be located in the foyer outside the CME education rooms. The rental fee is \$1,600. To reserve a tabletop display, please complete the Exhibit Space Request form online at <https://kcswcs.memberclicks.net/2025fallexhibit>. Payment can be made online via credit card or by check. Checks should be made payable to Kansas City Southwest Clinical Society and mailed to: KCSWCS, 9140 Ward Parkway, Suite 210, Kansas City, MO 64114. Our Tax ID number is 44-0309060. A current W-9 form is available upon request. Please note that payment must be received before a display space can be assigned. If you require special financial arrangements, feel free to contact me directly at ruth@kcswcs.org.

Thank you for your consideration. We would greatly appreciate your company's support of this program and hope to hear from you soon. If you have any questions, please don't hesitate to contact me 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 physicians
- 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

Thursday, November 6, 2025

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, November 7, 2025

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

Exhibit Location

- Lower level, Overland Park Convention Center, 6000 College Boulevard, Overland Park, KS. Display spaces will be located in the foyer outside the CME education rooms.

Reserve Your Exhibit Space

- 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/2025fallexhibit>

All exhibits must be intended to showcase or demonstrate products and services related to the practice of medicine, the advancement of medical science, or the professional education of attendees. Any product requiring approval by the Food and Drug Administration (FDA) must receive such approval prior to being exhibited. KCSWCS reserves the right to prohibit the installation of, or require the removal or discontinuation of, any exhibit or promotional activity—whether in whole or in part—that it deems inconsistent with the character or purpose of the event and/or the mission of KCSWCS.

Exhibit Fee and Payment

- Exhibit space fees are \$1600 per tabletop.

Payment can be made with a credit card or e-check at <https://kcswcs.memberclicks.net/2025fallexhibit>. 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 20 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

Please note that there is no formal security provided at the event, and KCSWCS cannot guarantee against loss or damage of any kind. Exhibitors assume full responsibility for the safety and security of their materials.

By participating, the exhibitor agrees to indemnify, defend, and hold harmless KCSWCS and its agents from any claims, losses, damages to persons or property, government charges or fines, and legal fees arising from the installation, removal, maintenance, occupancy, or use of the exhibit space. KCSWCS is not liable for any items that are lost, stolen, damaged, or destroyed at any point during the Conference, including setup and teardown.

Shipping

Please refer to the Overland Park Convention Center Exhibitor Information at <https://opconventioncenter.com/wp-content/uploads/2025/05/Exhibitor-Packet.pdf>. KCSWCS is not responsible for receiving or transporting of shipped items.

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

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Buffet Line and Snacks

Buffet Line and Snacks

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Beverages

Education Room

Education Room

Registration Tables

Agenda *Topics are subject to change without notification*

Thursday, November 6, 2025

Breakfast (ticketed event)

7:45 am Rheumatology

Pulmonary

8:30 AM Cystic Fibrosis

9:15 AM Lung Cancer: Behind the Smoke Screen

10:00 AM *Break and visit the exhibitors*

10:20 AM COPD

11:05 AM Smoke and Mirrors: The Realities of Vaping in Clinical Practice

Occupational Medicine

8:30 AM Introduction to Occupational Medicine

9:15 AM Disability Determination Examination

10:00 AM *Break and visit the exhibitors*

10:20 AM Post Concussive Syndrome

11:05 AM Low Back Pain

Luncheon (ticketed event)

Noon Implementation of Algorithms to Enable Patients to Manage Their Own Health Records

Gastroenterology/Hepatology/Nephrology

1:30 PM Managing Early-Stage Chronic Kidney Disease: Best Approaches and Strategies

2:15 PM Fatty Liver

3:00 PM *Break and Visit Exhibitors*

3:15 PM Treating IBD

4:00 PM Less is More: Update on Diverticulitis

Joint Replacement

1:30 PM Shoulder Replacement

2:15 PM Hip Replacement

3:00 PM *Break and Visit Exhibitors*

3:15 PM Knee Replacement

4:00 PM Ankle Replacement

Friday, November 7, 2025

Breakfast (ticketed event)

7:45 am Out on a Limb: Extremity Rashes

Imaging and Lab Interpretation

8:30 AM Interpretation of Cervical Spine X-rays

9:15 AM Interpretation of Thoracic and Lumbar Spine X-rays

10:20 AM CBC Abnormalities: Where to Go from Here

11:05 AM Interpretation of Chest X-rays

Diabetes

8:30 AM Treating Peripheral Vascular Disease in Diabetic Patients

9:15 AM Update on Antidiabetes Medication and Treatment Choices for Type 2 Diabetes

10:20 AM Advances in Diabetes Self-Monitoring

11:05 AM Elevated Cortisol in Uncontrolled Type 2 Diabetes

Luncheon (ticketed event)

Noon Street Medicine

Women's Health

1:30 PM Pelvic Health Across the Lifespan

2:15 PM Osteoporosis

3:00 PM *Break and Visit Exhibitors*

3:15 PM Incontinence

4:00 PM Mental Health Treatment for Pregnant and Postpartum Patients

Cardiology

1:30 PM Myocardial Infarction and Acute Coronary Syndrome

2:15 PM Hypertension

3:00 PM *Break and Visit Exhibitors*

3:15 PM Current Management of CHF

4:00 PM Bridging Evidence and Practice: The New AF Guidelines for Primary Care

Saturday, November 8, 2025

8:30 AM Nutritional Deficiencies after Bariatric or GI Surgeries

9:20 AM Vestibular Therapy for Vertigo

10:10 AM *Break*

10:20 AM Biologic Injections and Treatments

11:00 AM Mobility and Fall Prevention for the Elderly Patient

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.) Kansas City Southwest Clinical Society	
	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) non-profit	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	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. 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)

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 <i>How to get a TIN</i> , later. 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.	Social security number <table><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr></table> or Employer identification number <table><tr><td>4</td><td>4</td><td>-</td><td>0</td><td>3</td><td>0</td><td>9</td><td>0</td><td>6</td><td>0</td></tr></table>					-						4	4	-	0	3	0	9	0	6	0
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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.	
Sign Here Signature of U.S. person <i>Ruth Smerchek</i> Date 1/28/2025	

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

Exhibit Space Request

Form may be completed online at <https://kcswcs.memberclicks.net/2025fallexhibit>

Kansas City Southwest Clinical Conference's

103rd Annual Fall Clinical Conference

November 6-8, 2025

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: \$1600 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/2025fallexhibit>

☐ 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 103rd 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