



# WSNS

Washington State Neurological Society

Dear Exhibitor,

Please join the Washington State Neurological Society for the 2019 Annual Meeting, September 21 at the Motif in Seattle, WA. This is your opportunity to showcase products and services to neurologists throughout Washington State and the Pacific Northwest.

This year, exhibits are in a separate exhibit hall, adjacent to the meeting room. An exhibit booth is \$1,500 which includes a table and breakfast and lunch for two representatives. Each additional representative is \$150. To maximize your exposure to this group of physicians, please consider one of the support packages. Please note, supporters are eligible to receive an electronic list of attendees prior to the conference. If your company has an online grant process, please send that information to Becky Constantine at [becky@wsma.org](mailto:becky@wsma.org).

We appreciate the overwhelming support and continued relationships with our exhibitors, and look forward to your participation at our 2019 WSNS Annual Meeting.

If you have any questions regarding the enclosed information, please contact Becky Constantine at the WSNS office at 206-956-3635 or send an email to [becky@wsma.org](mailto:becky@wsma.org).

Sincerely,

Becky Constantine  
Association Manager  
Washington State Neurological Society



# WSNS

Washington State Neurological Society

**2019 Annual Meeting**  
*September 21, 2019*  
**The Motif | Seattle, WA**

## ***Take Advantage of these Exclusive Opportunities!***

**Your 2019 Package includes the following:**

- Verbal recognition at the meeting, print acknowledgements in the conference e-syllabus and WSNS website, posters at the sponsored event, and complementary reception, breakfast, breaks, and lunch for four representatives.
- PLUS ADDITIONAL BENEFITS AS OUTLINED BELOW!

*Indicate which of the following conference events/activities you are interested in sponsoring.*

**GOLD SPONSORSHIPS** ..... \$4,000

- Lunch

**SILVER SPONSORSHIPS** ..... \$2,500

- Breakfast
- Wifi Sponsor

**BRONZE SPONSORSHIPS** ..... \$1,800

- AM Coffee Break
- PM Coffee Break

# WASHINGTON STATE NEUROLOGICAL SOCIETY

## 2019 WSNS ANNUAL MEETING

September 21, 2019  
The Motif  
Seattle, Washington

### EXHIBITOR AGREEMENT

COMPANY NAME \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

WEBSITE \_\_\_\_\_

**PRIMARY BOOTH REPRESENTATIVE CONTACT (This information will be published and distributed to attendees)**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

#### REPRESENTATIVES STAFFING YOUR BOOTH

1) \_\_\_\_\_ 2) \_\_\_\_\_

*Two allowed, additional representatives \$150 each*

3) \_\_\_\_\_ 4) \_\_\_\_\_

**PRODUCT/ SERVICE TO BE DISPLAYED:** \_\_\_\_\_

PLEASE INDICATE COMPANIES YOU DESIRE NOT TO BE LOCATED ADJACENT TO (I.E. COMPETITOR):

1) \_\_\_\_\_ 2) \_\_\_\_\_

THE SIGNATURE BELOW SIGNIFIES THAT THE COMPANY REPRESENTATIVE HAS READ AND AGREES TO ABIDE BY ALL WSNS EXHIBIT PRACTICES AND REGULATIONS (SEE ENCLOSED)

Signature \_\_\_\_\_ Title \_\_\_\_\_

**EXHIBIT SPACE:** Exhibit space will be assigned based on level of sponsorship, exhibit location purchased, followed by first come basis.

- |  |  |
|--|--|
| <input type="checkbox"/> Exhibit Booth Space (Prior to September. 3, 2018) | # OF BOOTHS _____ @ \$1500.00 EA _____ |
| <input type="checkbox"/> Exhibit Booth Space (After September. 3, 2018)    | # OF BOOTHS _____ @ \$1700.00 EA _____ |
| <input type="checkbox"/> TICKET FOR ADDITIONAL REPRESENTATIVE              | # OF REPS _____ @ \$ 150.00 EA _____   |

TOTAL AMOUNT ENCLOSED \_\_\_\_\_

CHECK ENCLOSED

- CHECK HERE FOR INFORMATION REGARDING OPPORTUNITIES TO SUPPORT THIS ACTIVITY THROUGH A FINANCIAL OR IN-KIND GRANT.

RETURN THIS FORM WITH PAYMENT TO WSNS (TAX ID #20-1432287)  
WSNS, 2001 Sixth Ave, Suite 2700, Seattle, WA 98121



**WSNS**  
Washington State Neurological Society

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## 2019 ANNUAL MEETING

September 21, 2019  
The Motif  
Seattle, Washington

### Exhibitor Prospectus

#### The following benefits are included in your exhibitor package:

- 6' x 3' display table, one chair, for exhibit on September 21, 2019
- Print acknowledgement on posters and on the conference e-syllabus
- Exhibitor ribbons for your representative name badges
- Complimentary breakfast, snacks, and lunch during the conference for 2 representatives

#### Attendees

Neurologists and other healthcare professionals from the Puget Sound are expected to attend. Anticipated attendance is 60.

#### Location

Motif  
Seattle Washington

#### Exhibit Hours

Saturday, September 21, 2019 7:00 AM to 3:00 PM Saturday

#### Set Up

Saturday, September 21, 2019 – 6:00 AM

#### Move Out

Saturday, September 21, 2019 - after 3:00 PM

#### Exhibit Space

Includes a 6' x 3' skirted table and one chair. All exhibits are in a separate exhibit hall, adjacent to the meeting room.

#### Confirmation / Booth Assignments

You will receive an email exhibitor confirmation and your booth assignment no later than September 9, 2019

#### Show Management Questions

Becky Constantine, WSNS  
Phone: 206-956-3635; Fax: 206-441-5863; Email: [becky@wsma.org](mailto:becky@wsma.org)

#### Exhibit Practices and Regulations

- The WSNS reserves the right to restrict exhibits, without refund, which may be falsely entered.
- Distribution of literature, samples, etc., in the exhibit area by firms that are not participating as paid exhibitors is strictly prohibited.

- No subletting of space is permitted without the consent of the WSNS Director, Becky Constantine – email: becky@wsma.org
- Exhibitors are responsible for shipping, storage, and installation of exhibit materials, and all costs involved thereby.
- There is a **\$100 service fee on all cancellations. Cancellations received on or after August 30, 2019 will be charged a \$250 service fee. No Refunds for cancellations received after September 9, 2019.**
- The WSNS and Motif do not guarantee against theft, vandalism or otherwise.
- It is expressly understood that exhibitors shall indemnify and hold harmless the WSNS and the Motif of all liability (damage or accident) that might ensue from negligence by the exhibitor in connection with transfer, installation, maintenance or removal of exhibits, or in display of exhibits.
- In the event of fire, strikes, or other uncontrollable circumstances, the contract for space will not be binding.
- It is expressly understood that the WSNS will not pay for special equipment, facilities and services ordered by technical exhibitors.
- Electrical and other apparatus must be operated so that the noise does not interfere with other exhibitors.
- All electrically wired display material must comply with requirements of the National Board of Fire Underwriters.
- Aisles must be kept clear. To this end, exhibits must be arranged so that exhibitors and their representatives will be within their exhibit space.
- Care must be taken by the exhibitor not to deface or destroy any part of the exhibit areas. In the event of property damage caused by him/her, the exhibiting company will be held responsible.
- Use of the name “WSNS” or that of any officer of said Association, in recommendation of a product or services, is expressly prohibited.
- Table space not occupied by the close of the exhibit installation period as specified above, will be forfeited by the exhibitor, and this space may be resold, reassigned or used by the conference management.

## **Agreement for Participation & Conduct by Commercial Interests at CME Activities**

The Accreditation Council for Continuing Medical Education (“ACCME”) defines a Commercial Interest as “any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. The ACCME does not consider providers of clinical service directly to patients to be commercial interests.”

\_\_\_\_\_ (“Company”) agrees that it is an ACCME defined Commercial Interest and thereby agrees to the following in conjunction with a CME activity accredited by the Washington State Medical Association (WSMA) and, if applicable, the joint provider Washington State Neurological Society (“Joint Provider”).

1. Arrangements for commercial exhibits and/or promotional activities and/or In-Kind Support cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for the CME activity.
2. Exhibit and/or Promotional Activity fees are not considered commercial support of the CME activity and will not be acknowledged as educational grants.
3. The Company must be granted prior approval from the WSMA if the Company desires to provide funds or in-kind support for the use of social events and/or promotional activities. Such funds are considered to be commercial support, which requires a separate Letter of Agreement. The Company must provide all funds approved for such events to the WSMA, or, when applicable, to its Joint Provider, for distribution. No other payments shall be given to the director of the activity, planning committee members, teachers or authors, Joint Provider, or any others involved with the supported activity.
4. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.
5. Social events or promotional activities at the CME activity cannot compete with or take precedence over the CME activity. Industry-sponsored social events or promotional activities, including Company-sponsored social events or promotional activities, must be approved by the WSMA, even if the events are off-site.
6. The WSMA reserves the right to refuse exhibit space or promotional activity space for any reason. The WSMA reserves the right to close an exhibit or promotional activity for any reason. In addition, any representatives of Company who conduct themselves unethically or outside the guidelines provided by the WSMA may be asked to remove their Company’s exhibit. The Joint Provider can exercise these rights on behalf of the WSMA if the WSMA is not present.
7. Adherence to Guidelines – It is the responsibility of Company to distribute the guidelines below to all Company representatives attending the CME activity and/or working the exhibit space.

**Company agrees that its actions, and the actions of its representatives, shall not violate the following guidelines:**

1. Product-promotion materials or product-specific advertisement of any type is prohibited in or during CME activities.
2. Advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during or immediately after the CME activity.
3. Educational materials that are used during a CME activity cannot contain any advertising, corporate logo, tradename, or a product group message of an ACCME defined commercial interest.
4. Representatives of Company can attend the CME activity at the discretion of the WSMA or Joint Provider but cannot engage in sales or promotional activities while in the space of the CME activity as determined by the WSMA or Joint Provider, if applicable, consistent with the ACCME guidance. Representatives of Company must remove their company name badges and anything with a corporate logo, tradename or a product group message while in the educational space of the CME activity.
5. Representatives of Company cannot act as agents providing CME to learners.

**Conditions & Guidelines Agreement Statement:** The Company, WSMA and its Joint-Provider (if applicable) agree to abide by all requirements of the **ACCME Standards for Commercial Support**.

**Execution by Counterparts:** This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single Agreement.

**Duration:** This agreement shall remain in effect until one or more parties terminate the agreement in writing.

**Photo Release Waiver:** By signing this Agreement, Company hereby grants the WSMA permission to use its likeness in a photograph, video, or other digital media in any and all WSMA publications, including web-based publications, without payment or other consideration.

**COMPANY**

\_\_\_\_\_ **Signature**  
\_\_\_\_\_ **Printed Name**  
\_\_\_\_\_ **Company Name**  
\_\_\_\_\_ **Title**  
\_\_\_\_\_ **Date**

**WSMA REPRESENTATIVE**

\_\_\_\_\_ **Signature**  
\_\_\_\_\_ **Printed Name**  
\_\_\_\_\_ **Title**  
\_\_\_\_\_ **Date**

**WSMA JOINT PROVIDER REPRESENTATIVE**

\_\_\_\_\_ **Signature**  
\_\_\_\_\_ **Printed Name**  
\_\_\_\_\_ **Title**  
\_\_\_\_\_ **Date**

## 2019 WSNS Conference Schedule

<b>Saturday, September 21, 2019</b>	
7:00 – 7:50 am	<b>Registration and Continental Breakfast with Exhibitors</b>
7:50 - 8:00 am	<b>Welcome and Introductions</b> – Dr. David Vossler
8:00 – 8:40 am	Pain Management - Dr. Stanos
8:40 – 9:20 am	Functional movement disorders - Dr. Pravin Khemani
9:20 – 10:00 am	Autonomic Disorders - Dr. John Oakley
10:00 – 10:30 am	<b>Coffee Break &amp; Visit the Exhibits</b>
10:30 - 11:10 am	Neurointervention/Endovascular Update - Dr. Ali Sultan-Qurraie
11:10 – 11:50 am	Management of Hydrocephalus - Dr. Michael Williams
11:50 – 1:20 pm	<b>Lunch with Exhibitors</b>

<b>APP Breakout sessions</b> - Judy Ozuna ARNP, Chair	
1:00 – 2:00 pm	Neuro Exam – Dr. Michael Elliott
2:00 – 3:00 pm	How to Choose Imaging – Dr. Justin Seigel

1:20 – 1:30 pm	<b>WSNS Business Meeting</b>
1:30 – 2:30 pm	<b>Residents/Fellows Presentations</b> UW Resident - TBD UW Resident - TBD Madigan – TBD Madigan - TBD
2:30 – 3:00 pm	<b>Coffee Break &amp; Visit the Exhibits</b>
3:00 – 3:40 pm	Psychogenic Non-epileptic Seizures - Dr. David Vossler
3:40 – 4:20 pm	Dizziness - Dr. Don Thai



## 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.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Washington State Neurological Society</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> <b>C Corporation</b> <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>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 <b>not</b> 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.</small>  <input type="checkbox"/> Other (see Instructions) ▶ _____	<b>4</b> 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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<b>5</b> Address (number, street, and apt. or suite no.) See Instructions. <b>2001 Sixth Ave, #2700</b>	Requester's name and address (optional) SunTrust Bank, Accounts Payable 303 Peachtree Center Ave Ste 420 Atlanta, GA 30303-1216
<b>6</b> City, state, and ZIP code <b>Seattle, WA 98121</b>	
<b>7</b> 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	20 - 1432287

**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 ▶ *Becky Cook*      SIGN HERE Date ▶ 2/3/19

**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.*