

# Sponsorship Opportunities

2019 Scientific Meetings

April 2019 | Disney's Contemporary Resort | Florida

November 2019 | The Bellevue Hotel | Philadelphia



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The Pennsylvania Orthopaedic Society is the primary organization representing the orthopaedic community in the Commonwealth and provides continuing medical education to those who are on the forefront of both scientific and socioeconomic orthopaedic best practices.

The Education Committee of the Pennsylvania Orthopaedic Society has prepared two dynamic scientific meeting programs and welcomes your participation.

**April 11-12                      Controversies in Sports Medicine & Upper Extremity**

**November 7-8                    Complications Management in Fracture Surgery**

Sponsoring a POS scientific meeting will provide you with access to a captive audience consisting of approximately 80-130 orthopaedic physicians, residents, fellows, and advanced practice providers.

With multiple sponsorship levels available to showcase your company's products and services, POS strives to ensure your support offers you ample face-time with our attendees.

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## Terms and Conditions

Payment is due with the Registration and Payment form. The POS reserves the right to make all space assignments and all decisions concerning signage and sponsor/exhibitor recognition, though we will make every effort to accommodate all reasonable requests.

## Cancellation Policy

Due to the nature of the event, we cannot make refunds for cancellation of sponsorships or exhibit space within 30 days of the start of the event. Cancellation requests at any other time are subject to a cancellation fee. POS must be notified of cancellation in writing.

## Suitcasing Policy

Suitcasing is an unethical business practice in which companies gain unauthorized access to an event by obtaining some type of event credential (attendee badge, exhibitor badge, etc.) and then solicit business in the aisles or other public spaces used for the conference. This practice undermines the support of the organizer and the industry. POS has a zero-tolerance policy regarding suitcasing and does not allow networking on behalf of a company without the purchase of a sponsorship or exhibit space. To network on behalf of a company, you must be registered as a company representative through the Registration and Payment form.

## Questions

Call us at (717) 909-8901 or email Maher Bigley at [maher@paorthosociety.org](mailto:maher@paorthosociety.org).

# Sponsorship Opportunities

2019 Spring and Fall Scientific Meetings



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## Exhibit Booth *(company may purchase multiple booths)*

Participating as an exhibitor provides a two-way opportunity for you to meet and network. Food and beverage are arranged to ensure heavy traffic between education sessions and during meal functions.

- Includes one (1) draped 6-foot tabletop, 2 chairs in the exhibit hall
- Admission to Welcome Reception for two (2) booth representatives
- Breakfast and breaks for two (2) booth representatives
- Print and electronic recognition
- Additional representatives may purchase a name badge to attend

## Luncheon Presentation *(limited to one per meeting)*

This is your chance to set your company apart from the rest with an industry-sponsored lunch presentation before a captive audience of orthopaedic physicians.

- Includes two (2) draped 6-foot tabletops, 4 chairs in the exhibit hall
- Admission to Welcome Reception for four (4) booth representatives
- Breakfast, breaks and sponsored luncheon for four (4) representatives
- Print and electronic recognition
- Additional representatives may purchase a name badge to attend

## Breakfast Sponsor *(limited to two per meeting)*

Increase your overall exposure within the exhibit hall.

- Includes one (1) draped 6-foot tabletop, 2 chairs in the exhibit hall
- Admission to Welcome Reception for two (2) booth representatives
- Breakfast and breaks for two (2) booth representatives
- Print and electronic recognition
- Additional representatives may purchase a name badge to attend

## Digital Poster Station *(must purchase exhibit booth; two stations available per meeting)*

NEW! Attract more attendees to your booth by sponsoring a digital poster viewing station. A station will be placed by your booth for the duration of the meeting for attendees to view resident posters.

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Sponsorships are assigned on a first-come, first-served basis.

All sponsors and exhibitors will receive a pre and post-meeting attendee list, prominent signage, print and electronic recognition, breakfasts and breaks, admission to the Welcome Reception and Exhibitor Happy Hour.

Upon receipt of registration form and payment, all sponsors and exhibitors will receive a confirmation email containing additional information.

**Questions? Call us at (717) 909-8901 or email Marisa Francis at [marisa@paorthosociety.org](mailto:marisa@paorthosociety.org)**

# Registration and Payment

## 2019 Spring and Fall Scientific Meetings



Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Choose with an "X" or indicate a quantity:	Spring 2019	Amount
Exhibit Booth – \$3,000 <i>(may purchase multiple)</i>		
Luncheon Presentation – \$15,000		
Breakfast Sponsor – \$4,000		
<b>Add-ons:</b>	<b>Spring</b>	<b>Amount</b>
Digital Poster Sponsor – \$1,000		
Electric hook-up – \$50 each		
Additional Reps – \$300 each		
<b>Spring Total Due</b>	<b>\$</b>	

Choose with an "X" or indicate a quantity:	Fall 2019	Amount
Exhibit Booth – \$3,000 <i>(may purchase multiple)</i>		
Luncheon Presentation – \$20,000		
Breakfast Sponsor – \$5,000		
<b>Add-ons:</b>	<b>Fall</b>	<b>Amount</b>
Digital Poster Sponsor – \$1,500		
Electric hook-up – \$60 each		
Additional Reps – \$350 each		
<b>Fall Total Due</b>	<b>\$</b>	

### **REGISTRATION CONFIRMATION**

I am registering for:

**Spring 2019 – April 11-12**

Amount Due: \$ \_\_\_\_\_

**Fall 2019 – November 7-8**

Amount Due: \$ \_\_\_\_\_

### **PAYMENT INFORMATION**

**Total Due: \$ \_\_\_\_\_**

Check Enclosed

Make payable to: PA Orthopaedic Society

Mail to: 415 Market St. 210, Harrisburg, PA 17101

American Express

VISA

MasterCard

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

*I have read and understand the terms and conditions, cancellation and other policies as indicated in the Sponsorship Opportunities:*

Signature: \_\_\_\_\_

Please watch your email for additional meeting information.

Thank you for your support of the Pennsylvania Orthopaedic Society!

# 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.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## 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.

<b>Social security number</b>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-		-	
		-		-		
<b>or</b>						
<b>Employer identification number</b>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; height: 20px;"></td> <td style="width: 20%; border: 1px solid black; height: 20px;"></td> </tr> </table>			-			
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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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 01/04/2019
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## 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.*