



# Exhibit and Sponsor Prospectus

**2023 Annual Chapter Scientific Meeting**

*Sustainability*

*Personal and Professional Longevity and Satisfaction*



**Midwestern University – Glendale, Arizona**

19555 N. 59<sup>th</sup> Ave.  
Glendale, AZ 85308

**October 27-28, 2023**

## *Sustainability*

# Opportunities for Exhibits and Sponsors

Exhibits are located close to refreshments, meals, and poster sessions. *This extraordinary opportunity provides face-to-face access to 200+ Arizona physicians, residents and students.*

The conference schedule on page 5 identifies when attendees will have uninterrupted exhibit time.

### Exhibit Only

**Exhibit Fee** is \$1,000 (15 spots available)

- 6' display table Friday and Saturday
- Two meal passes (2 each: Friday lunch and Saturday breakfast and lunch)
- An attendee list

### Sponsorship Opportunities

**Platinum Sponsor** \$5,000 (2 available)

- Exhibit package, **PLUS** the addition of "Gold Sponsor" status on exhibit table and name badges
- 6' display table at the Governor's Reception
- 5-minute presentation at the Governor's Reception
- Recognition as sponsor on Governor's Reception drink ticket (shared with other sponsors)
- Prominent logo placement at registration and food functions
- One registration packet piece

**Gold Sponsor** \$2,500 (5 available)

- Exhibit package, **PLUS** the addition of "Silver Sponsor" status on exhibit table and name badges
- 6' display table at the Governor's Reception
- Recognition as sponsor on Governor's Reception drink ticket (shared with other sponsors)
- Prominent logo placement at registration and food functions
- One registration packet piece

**Copper Sponsor** \$500 (10 available)

- Prominent logo placement at registration and food functions
- One registration packet piece

To reserve your exhibit table or sponsorship, return the completed forms on pages 6-9 in this prospectus. You may email the forms to Debbie Webber at [dwebber@azmed.org](mailto:dwebber@azmed.org) or mail them to: ACP Arizona Chapter, 2401 W. Peoria Ave., Suite 315, Phoenix, AZ 85029.

The deadline for submittal is **October 10, 2023.**

If you have any questions, please contact Debbie Webber at (602) 347-6916 or [dwebber@azmed.org](mailto:dwebber@azmed.org).

We look forward to seeing you in Glendale!

## General Information

### Location

The ACP Arizona Chapter will hold its 2023 Annual Scientific Meeting at Midwestern University, 19555 N. 59<sup>th</sup> Ave, Glendale, AZ 85308 on October 27-28, 2023.

Setup days and times will be provided. The full program begins at 12:00 p.m. on Friday, October 27, however, registration begins at 8:00 am on that day, if you wish to be set up by that time.

### Exhibit Space Rental

Exhibit tables are set close to refreshments, meals, and poster sessions.

Each exhibit is a tabletop display. If you are using a pop-up display, reserve your space as soon as possible. Electricity will be available only if requested in advance. Space will be assigned per the order in which paid applications are received.

### Cancellations

Once a formal application has been received, cancellations must be submitted in writing by October 13, 2023. A \$100 Cancellation Fee will be assessed if less than two weeks' notice is given. If no notification is provided, the applying company will be responsible for the entire exhibit fee.

### Shipping Displays

Shipping information will be provided.

Return shipping labels must be provided by your company.

# Rules & Regulations

Tables will be provided as indicated in this prospectus. Exhibits must be installed so they do not project beyond the space allotted. No interference with the light or space of other exhibitors will be permitted. Exhibitor is responsible for damage to property (see Responsibility Agreement). No signs or other articles shall be posted, nailed or otherwise attached to any of the pillars, walls, doors, etc., in such manner as to deface or destroy them. No attachments shall be made to the floors by nails, screws or any other device. All space is leased subject to these restrictions.

## Display Requirements and Restrictions

The ACP Arizona Chapter reserves the right to deny the exhibition of inappropriate items and products. Please contact Debbie Webber with any questions at (602) 347-6916 or email [dwebber@azmed.org](mailto:dwebber@azmed.org).

## Irregular Canvassing and Distribution of Advertising Matter

Solicitation of business or conferences in the interest of business except by exhibiting firms is prohibited. Exhibitors are urged to report to the Meeting Coordinator any violations of this rule. Canvassing by exhibitors outside of the Exhibit Hall is also forbidden. Circulars or advertising materials of any description shall not be distributed except in the Exhibit Hall.

## Exhibits of Electrical and Radiographic Equipment

Machines and apparatus operated by electricity must be shown as “still” exhibits. Practical demonstrations of x-ray apparatus and accessories or any noisy apparatus of any kind will not be permitted. No objection will be made to the utilization of electricity for illuminating purposes or for operating smaller diagnostic instruments and electrotherapeutic apparatus that do not distract or annoy other exhibitors.

## Subletting of Space

Subletting of space is not permitted. Each firm represented in the Technical Exhibit must sign the regular Exhibit Application and Agreement. Any person or firm subletting space, as well as the one purchasing space, will be subject to eviction. No refund will be made for space reserved.

## Uncontrolled Eventualities

The ACP Arizona Chapter will take all reasonable precautions against damage or loss by fire, water, storm, theft, strike or any other emergencies of that character but does not guarantee or insure the exhibitor against loss by reason thereof (see “Responsibility Agreement”).

## Exhibition Sales Policy

Exhibitors may not accept payments in cash or checks or deliver merchandise in the Exhibit Hall.

# Program Agenda

**YELLOW HIGHLIGHTS INDICATE EXHIBIT TIME**

## **Friday, October 27, 2023**

|                         |   |
|-------------------------|---|
| <b>8:00 am</b>          | <b>Registration/Exhibits</b>                                    |
| 8:00-11:00 am           | Hands-on Skills/POCUS   |
| 9:00 – 9:45 am          | Student/Resident/ECP Panel Discussion                           |
| 10:00 - 10:45 am        | Medical Students – Meet the Residency Directors                 |
| 11:15-12:00 pm          | Doctor's Dilemma Medical Student Round                          |
| <b>12:00 pm – 12:30</b> | <b>Exhibits/Lunch</b>   |
| 12:30- 1:00 pm          | CME lecture 1   |
| 1:05-1:35 pm            | CME lecture 2   |
| 1:40 – 2:10 pm          | CME Lecture 3   |
| 2:15 – 2:45 pm          | CME Lecture 4   |
| 2:50 – 3:20 pm          | CME Lecture 5   |
| 3:25 – 3:55 pm          | CME Lecture 6   |
| <b>3:55 – 5:10 pm</b>   | <b>Poster Judging Session 1/Exhibits</b>                        |
| 5:15 – 6:15 pm          | Doctor's Dilemma Residents' Preliminary Rounds (2 competitions) |
| 6:30 – 7:30 pm          | Governor's Reception  |
|                         | <b>Networking reception with Platinum sponsor presentations</b> |

## **Saturday, October 28, 2023**

|                      |  |
|----------------------|--|
| 7:00 am              | Registration   |
| <b>7:15-8:00 am</b>  | <b>Continental Breakfast</b>                           |
| 8:00-8:05 am         | Welcome and introductions – Governor and Meeting Chair |
| 8:05 – 9:05 am       | Keynote Speaker  |
| 9:00-9:30 am         | CME lecture 7  |
| 9:35 – 10:00am       | Oral Vignettes (2 presented)                           |
| 9:55 – 10:25am       | CME Lecture 8  |
| 10:30 – 10:55am      | Oral Vignettes   |
| <b>11:00- 11:15</b>  | <b>Break/Exhibits</b>                                  |
| 11:15 – 11:45        | CME Lecture 9  |
| 11:50 – 12:10 pm     | Oral Vignettes   |
| <b>12:10 -1:30pm</b> | <b>Lunch, exhibits and Poster Judging</b>              |
| 1:30 – 2:00pm        | CME Lecture 10   |
| 2:05 – 2:35pm        | CME Lecture 11   |
| 2:35 – 3:05pm        | Oral Vignettes (up to 3 presented)                     |
| 3:15 – 4:00pm        | Doctor's Dilemma Residents' Final Round                |
| 4:00 – 4:45pm        | Awards/ Concluding Remarks/Adjourn                     |

## EXHIBITOR REGISTRATION

|                |  |       |  |     |  |
|----------------|--|-------|--|-----|--|
| Company Name   |  |       |  |     |  |
| Contact Person |  |       |  |     |  |
| Title          |  |       |  |     |  |
| Address        |  |       |  |     |  |
| City           |  | State |  | Zip |  |
| Phone          |  | Email |  |     |  |

### EXHIBIT INFORMATION

Exhibit Type: \_\_\_\_ 6 ft. tabletop(s)

Type of product to be displayed:

Special requests:

Does your exhibit require electricity? \_\_\_\_ Yes \_\_\_\_ No      # of outlets requested:

Type of equipment requiring electricity:

*Note - we will attempt to honor placement and special requests but cannot guarantee.*

| REGISTRATION FEES       |         | AMOUNT |
|-------------------------|---------|--------|
| Exhibit only            | \$1,000 |        |
| Gold Sponsorship        | \$5,000 |        |
| Silver Sponsorship      | \$2,500 |        |
| Bronze Sponsorship      | \$500   |        |
| <b>Total Amount Due</b> |         |        |

## EXHIBITOR REGISTRATION, continued

|   |  |
|---|--|
| Company Name  |  |
| <i>Please fill out for each representative attending – (make additional copies if needed)</i> |  |
| REPRESENTATIVE #1:  |  |
| Phone#  |  |
| E-mail  |  |

|                    |  |
|--------------------|--|
| REPRESENTATIVE #2: |  |
| Phone#             |  |
| E-mail             |  |

|                    |  |
|--------------------|--|
| REPRESENTATIVE #3: |  |
| Phone#             |  |
| E-mail             |  |

|                    |  |
|--------------------|--|
| REPRESENTATIVE #4: |  |
| Phone#             |  |
| E-mail             |  |

## EXHIBITOR REGISTRATION, continued

Send payments via check (made payable to *ACP Arizona*) to:

**ACP Arizona Chapter**

Attn: Debbie Webber

2401 W. Peoria Ave., Suite 315

Phoenix, AZ 85029

Phone: (602) 347-6916

Tax ID: 86-0622683

*(Form W-9 is included on page 10)*

Payments via Amex, Visa, MasterCard  
or Discover use the QR code



Name and Company Name: \_\_\_\_\_

\_\_\_\_\_

Amount charged: \_\_\_\_\_

Item purchased: \_\_\_\_\_ Exhibit booth \_\_\_\_\_ Sponsorship (indicate level of sponsorship) \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



# Responsibility Agreement

PLEASE READ THE FOLLOWING STATEMENTS THOROUGHLY AND SIGN BELOW. SPACE CANNOT BE ASSIGNED UNLESS THIS FORM CONTAINS AN AUTHORIZED SIGNATURE.

Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, and defend the American College of Physicians Arizona Chapter, Midwestern University – Glendale Arizona, the affiliates, officers, directors, agents, employees, and partners of each (“Indemnified Parties”) harmless against all claims, losses and damages, including negligence, to persons or property, governmental charges or fines and attorney’s fees arising out of or caused by Exhibitor’s installation, removal, maintenance, occupancy or use of the exhibit premises or a part thereof, except to the degree of negligence or willful misconduct of the indemnified parties.

In addition, Exhibitor acknowledges that the Indemnified Parties do not maintain insurance covering Exhibitor’s property and that it is the sole responsibility of the Exhibitor to obtain business interruption, property damage and comprehensive general liability insurance.

We/I have read and agree to abide by all requirements, restrictions and obligations set forth in the 2023 Exhibitor Prospectus, the policies governing exhibitors, those on this application and those which may be set forth in the future about the 2023 Annual Scientific Meeting. We/I further acknowledge that the American College of Physicians Arizona Chapter reserves the right to reject, at its discretion, any application to exhibit.

|                      |  |            |     |
|----------------------|--|------------|-----|
| Company Name         |  |            |     |
| Contact Person       |  |            |     |
| Title                |  |            |     |
| Authorized Signature |  |            |     |
| Address              |  |            |     |
| City                 |  | State      | Zip |
| Phone                |  | Cell Phone |     |
| E-Mail               |  |            |     |

PLEASE RETURN THE SIGNED AGREEMENT AND COMPLETED REGISTRATION FORM TO:

ACP Arizona Chapter, Attn: Debbie Webber

2401 W. Peoria Ave., Suite 315, Phoenix, AZ 85029 [dwebber@azmed.org](mailto:dwebber@azmed.org)

Phone: (602) 347-6916

\*All sponsorships MUST be sent to the Chapter office at time of submission for approval.

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://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.

American College of Physicians, Arizona Chapter

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) ►

501(c)(3)

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.

2401 W. Peoria Ave., Suite 315

6 City, state, and ZIP code

Phoenix, AZ 85029

Requester's name and address (optional)

7 List account number(s) here (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

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

OR

Employer identification number

8 6 - 0 6 2 2 6 8 3

### 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 ►

*Debbie Webber*

Date ►

3-14-2023

### 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](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.