



February 17, 2020

EXHIBIT OPPORTUNITY

2020 AAPSM Stand Alone Meeting - "Best Sports Medicine Meeting in the Country"
Fairmont Olympic Hotel, Seattle, WA: October 9-11, 2020

On behalf of Meeting Chairs Brian Fullem, DPM, Maggie Fournier, DPM, Rich Bouché, DPM and the American Academy of Podiatric Sports Medicine (AAPSM), we would like to personally request your support for our 2020 AAPSM Stand Alone Meeting. Information specific to this event is provided below for your reference:

Course Date and Location:

This course will take place during the dates of October 9-11, 2020, at the Fairmont Olympic Hotel, 411 University St, Seattle, Washington.

Program CE Accreditor / Number of CE Contact Hours:

This activity will be applying for 20 continuing education credits in podiatric medicine through a joint provider agreement between Dr. William M. Scholl College of Podiatric Medicine and the American Academy of Podiatric Sports Medicine (AAPSM). Dr. William M. Scholl College of Podiatric Medicine is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine.

Type of Activity / Program Agenda:

The teaching format for this program will be lectures, workshops, case presentations and panel discussion. Our preliminary program agenda can be found on our program brochure at the following URL (*subject to change*):

<http://www.aapsm.org/pdf/2020.pdf>

Target Audience / Projected attendance:

This program is designed for and will be marketed to: podiatrists, sports medicine physicians, foot and ankle surgeons, chiropractors, physical therapists, athletic trainers, podiatry residents, fellows in training and students. Our projected attendance is 200 people.

Exhibitor Hall:

Our lectures/workshops will run from 8:00 am -6:00 pm on Friday and Saturday and from 8:00 am - 12:30 pm on Sunday.

Exhibit Hall hours will be as follows:

Thurs, 10/8/2020	5:00 pm	Exhibit Hall open for set up All exhibits should be set and ready by 6:30 am on Friday, 10/9/2020	
Fri, 10/9/2020	Registration: 6:30-8:00 am	AM Break: 10:00-10:30 am PM Break: 3:15-3:45 pm	Lunch: 12:30-1:15 pm
Sat, 10/10/2020	Registration: 6:30-8:00 am	AM Break: 10:00-10:30 am PM Break: 3:30-4:00 pm	Lunch: 12:30-1:15 pm
Sat, 10/10/2020	Tear down: 4:00 pm**	**All exhibits must be dismantled by 5:45 pm	

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Exhibit Fees:

Exhibit space is very limited at this facility and is being offered on a first-come-first-served basis.

\$1800: **EARLY BIRD Rate / ** Must register by May 1, 2020

- OR -

\$2050: Standard Rate (after May 1, 2020)

All Exhibitors will receive the following opportunities / benefits:

- ✓ Space for one six-foot tabletop exhibit
- ✓ Recognition in our conference marketing materials
- ✓ Company name and contact information listed in our program syllabus
- ✓ Exhibitor registration for one company representative including all conference meals
 - There is a \$300 fee for each additional rep (over the 1 allotted with your exhibit fee) to cover their meal costs

Hotel Reservations – Fairmont Olympic Hotel, Seattle, Washington:

A limited number of rooms (single or double occupancy) are being offered at our special discounted rate of \$289 per night + tax (king bed) and/or \$309 per night + tax (two double beds) until September 17, 2020, or until our room block sells out.

Reservations can be made via the link noted below

[Fairmont Olympic Hotel, Seattle](#)

Exhibitor Registration:

If you would like to exhibit during this conference, please complete and return the following attached documents as soon as possible:

1. Exhibitor Registration Form	Mail to:	AAPSM Attn: Paula Rowbury 2489 16 th Avenue San Francisco, CA 94116
2. Exhibitor Payment Form		
3. Conference Exhibitor Agreement		

Payment Instructions:

Payee Name:	AAPSM	Mail to:	AAPSM Attn: Paula Rowbury 2489 16 th Avenue San Francisco, CA 94116
Amount:	As calculated on Payment Form		
Tax ID #:	75-1634079		

Please feel free to contact us during business hours at (415) 317-4265 if you have any questions concerning this program.

We hope to see you in October!

Contact: Paula Rowbury, Scientific Event Manager
Email: rowburp.iags@gmail.com
Phone: 415-317-4265

**2020 AAPSM Stand Alone Meeting - "Best Sports Medicine Meeting in the Country"
Fairmont Olympic Hotel: October 9-11, 2020**

Exhibitor Registration Form:

Company Name, Demographics & Sponsorship Amount: (as you want it to appear in our program handouts)	
Company Name:	
Contact Person:	
Contact Address:	
Contact City, State, Zip:	
Contact Phone:	Contact E-mail:
Type of Sponsorship: Exhibit	

Exhibit Registration	
Will You Exhibit?: Yes / No (circle one) \$1800 EARLY BIRD Rate (by 5/1/2020) - or - \$2050 (after 5/1/2020)	Will you have handouts?: Yes / No (circle one)
Product(s) you will be displaying:	
Exhibit Needs: 6 foot rectangular table / Chairs / Electricity _____ (circle all that apply) wattage needed	
Is your exhibit taller than 8 feet?: Yes / No (circle one) If yes, you will be located in an area as to not obscure others' views	
1 st Representative Name: <i>Included in exhibit fee</i>	1 st Representative Email:
2 nd Representative Name: \$300 Fee	2 nd Representative Email:
3 rd Representative Name: \$300 Fee	3 rd Representative Email:

Hotel Reservations: Fairmont Olympic Hotel 411 University St, Seattle, Washington / Phone: (206) 621-1700
A limited number of rooms (single or double occupancy) are being offered at our special discounted rate of \$289 per night + tax (king bed) and/or \$309 per night + tax (two double beds) until September 17, 2020, or until our room block sells out. Reservations can be made via the link noted below Fairmont Olympic Hotel, Seattle

Please complete and return this form along with the following:		
1. This Exhibitor Registration Form	Mail to:	AAPSM / Attn: Paula Rowbury 2489 16 th Avenue San Francisco, CA 94116
2. Exhibitor Payment Form		
3. Conference Exhibitor Agreement		
There will be no refunds for cancellations received after August 21, 2020. All cancellations will be assessed a \$25 administrative fee.		

2020 AAPSM Stand Alone Meeting - "Best Sports Medicine Meeting in the Country"
Fairmont Olympic Hotel: October 9-11, 2020

Exhibitor Payment Form:

Company Name & Contact:	
Company Name:	
Contact Person:	
Contact Phone:	Contact E-mail:

Exhibit Payment Amount:	
Exhibit Fee + 1 company representative	\$1800 EARLY BIRD Rate: Available until 5/1/2020 - OR - \$2050 Standard Rate: Available After 5/1/2020
Additional Reps \$300 each x _____ Reps = <i>(If registering more than 1 rep)</i>	\$ _____
Credit card payment = 3% transaction fee	\$ _____
Total Payment Due:	\$ _____

Payment Type:	
Check Payable to:	AAPSM
Credit Card: <i>(circle one)</i>	<input type="checkbox"/> Visa / <input type="checkbox"/> Amex / <input type="checkbox"/> MasterCard / <input type="checkbox"/> Discover Payment Amount Authorized: _____ Credit Card # : _____ Exp Date: _____ Code: _____ Name on Card: _____ Authorized Signature: _____ Credit Card Billing Address: _____ City, State, Zip: _____

Tax ID:	75-1634079
Mail to:	AAPSM / Attn: Paula Rowbury 2489 16 th Avenue San Francisco, CA 94116
Questions:	Phone: 415-317-4265 / E-mail: Rowburp.IAGS@gmail.com
Note:	Full payment is required to secure exhibit space
CANCELLATION POLICY:	
Cancellation requests must be received in writing and postmarked no later than August 21, 2020. There will be no refunds for cancellations received after that date. All cancellations will be assessed a \$25 administrative fee.	


**2020 AAPSM Stand Alone Meeting - "Best Sports Medicine Meeting in the Country"
Fairmont Olympic Hotel: October 9-11, 2020**

Conference Exhibitor Agreement

This Agreement is made by the American Academy of Podiatric Sports Medicine ("Host") and _____ ("Company") pursuant to which Company agrees to exhibit at the conference entitled "2020 AAPSM Stand Alone Meeting" (the "Conference") hosted by Host on October 9-11, 2020 (the "Agreement"). Company will pay Host the total payment due as outlined on the Exhibitor Payment Form (the "Exhibit Fee") for the exhibition, advertising services, benefits and privileges (collectively, "Promotional Opportunities"), which are described in the brochure &/or Exhibit Opportunity letter soliciting Company's participation by Host. The Exhibitor Payment Form is included as part of the Exhibit Opportunity letter sent to Company.

Host advises that this Conference is an activity that has applied for 20 continuing education credits in podiatric medicine through a joint provider agreement between Dr. William M. Scholl College of Podiatric Medicine and the American Academy of Podiatric Sports Medicine. Dr. William M. Scholl College of Podiatric Medicine is approved by the Council on Podiatric Medical Education as a provider of continuing education in podiatric medicine.

1. Host represents and warrants that the Promotional Opportunities will (i) neither influence planning nor interfere with the presentation of any education activity held as part of the Conference, (ii) not be permitted in the same room of, or in any obligate path to, any educational activity held as part of the Conference immediately before, during, or immediately after such educational activity. Host shall not permit any product advertisements for Company products in any materials disseminated in the same rooms where any educational activity is being conducted at the conference.
2. Host will provide disclosure to the public at all times during which Promotional Opportunities are utilized, of (a) Company funding and (b) any significant relationship between the Host and the Company (e.g., Corporate Sponsor).
3. Company will be provided with Promotional Opportunities as described in letter of request. If the Conference is not conducted, or if the Promotional Opportunities are not provided as set forth in the letter of request, Host will immediately refund the entire Exhibit Fee to Company.
4. The Exhibit Fee charged to the Company for its participation in the Conference represents the fair market value of the Promotional Activities and is the same as those charged to other exhibitors at the Conference for the same level of participation as Company.
5. If requested, Host will provide such additional information about the Conference as Company may reasonably request.
6. On behalf of itself, its employees, agents, and/or of its subcontractors, Company represents and warrants that all of its activities undertaken hereunder and at the Conference will comply with all applicable federal, state and local laws, rules, regulations, codes, ordinances, orders, policies and guidelines of all courts and governmental authorities.
7. The Host represents and warrants that it has all necessary clearances, consents, licenses, releases and/or authorizations to conduct the Activity and receive the Funding Amount.
8. The Agreement may not be modified without the written approval of the Host. The Company's professional sales representative and field sales managers are not authorized to make any modifications. Additional or different terms proposed by the Recipient are not acceptable.
9. The Agreement shall not be binding on the Host until signed on its behalf by a duly authorized officer and employee, shall commence on the date of the last signature on the Agreement, and shall continue for a term of one year.
10. Company may not assign this Agreement without the prior written consent of Host.
11. Company will pay to Host the Exhibit fee within 30 days after Company receives from Host a fully signed copy of this Agreement and in any event, prior to the program.

Host Name: American Academy of Podiatric Sports Medicine Tax Payer ID #: 75-1634079	Company Name:
	Signature:
Paula J. Gregg-Rowbury	Signer's Name:
Scientific Event Manager	Signer's Title:
Date: February 17, 2020	Date:

Complete, Sign and Return Form:

Via Email: RowburP.IAGS@gmail.com

Via Mail: AAPSM / Attn: Paula Rowbury, 2489 16th Avenue - San Francisco, CA 94116

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. American Academy of Podiatric Sports Medicine</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" 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>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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 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><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 3121 NE 26th Street</p> <p>6 City, state, and ZIP code Ocala, Florida 34470</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

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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Employer identification number										
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7	5	-	1	6	3	4	0	7	9	

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	<p style="text-align: center;">Signature of U.S. person ▶ <i>[Handwritten Signature]</i></p>	<p style="text-align: right;">Date ▶ <i>3-1-19</i></p>
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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.

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.