

Exhibit Opportunity



The Kansas City Southwest Clinical Society is excited to announce the upcoming 2025 Winter Conference on January 31, 2025 at the Overland Park Convention Center in Overland Park, KS. We invite you to be a part of this event as an exhibitor.

This is a fantastic opportunity to showcase your products and services to more than 175 primary care providers who will be joining us live at the Convention Center. In addition to the live event opportunities, your organization's name and contact information will be listed on the conference website and in the conference materials received by attendees.

As an exhibitor, you will have designated visiting times of 9:15 am to 9:30 am and 2:10 pm to 2:30 pm, where all conference attendees will be invited to the exhibit area for complimentary refreshments. We will also be sponsoring a prize drawing to encourage attendees to visit the exhibitors, giving you even more exposure.

The exhibit spaces available will be six-foot table-top displays, located in the foyer outside the CME education rooms. The rental fee for these spaces is \$600. If you are interested in reserving a space, please complete an Exhibit Space Request form online at <https://kcswcs.memberclicks.net/25wnex>. Payment can be made online using a credit card, or you can send a check made out to Kansas City Southwest Clinical Society to our office at 9140 Ward Parkway, Suite 210, Kansas City, MO 64114. Our Tax ID number is 44-0309060, and a current W-9 is available upon request. Please note that payment must be received before a space can be assigned. If you require special financial arrangements, please don't hesitate to contact us at ruth@kcswcs.org.

We greatly appreciate your consideration and support of this program. Your company's participation as an exhibitor is a valuable contribution to the success of this conference. We hope to hear from you soon, and if you have any questions, please don't hesitate to reach out to us at ruth@kcswcs.org or by calling 816.523.3383. Thank you for your continued support of the Kansas City Southwest Clinical Society, and we look forward to seeing you at the 2025 Winter Conference!

Sincerely,
Ruth Smerchek
Executive Director

Exhibitor Benefits:

- Meet with health care providers from the Midwest, predominantly Kansas and Missouri primary care providers
- Company name listed on the event web page and in the on-site conference guide and signage
- Complimentary meals, breaks and refreshments
- Wi-Fi available at no charge in the exhibit area
- List of attendees provided after the conference

Exhibit Schedule:

Location: Overland Park Convention Center, 6000 College Boulevard, Overland Park, KS

Friday, January 31, 2025

7:30 am to 3:00 pm	Exhibit Area open
9:15 am to 9:30 am	Refreshment Break in Exhibit Area
2:10 pm to 2:30 pm	Refreshment Break in Exhibit Area
3:00 pm	Exhibitor Tear Down

Reserve Exhibit:

- 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/24winterexhibit>

All exhibits are to be designed for the display and demonstration of products and services relating to the practice and advancement of the art and science of medicine or the professional education of the attendees. Any product being promoted through an exhibit that requires approval by the Food and Drug Administration (FDA) must receive this approval before the manufacturer is eligible to exhibit this product. KCSWCS may forbid installation or request removal or discontinuance of any exhibit or promotion, wholly or in part, that in its opinion is not keeping with the character and purpose of the event and/or KCSWCS.

Exhibit Fee and Payment:

- Exhibit space fees are \$600.

Payment can be made with a credit card or e-check at <https://kcswcs.memberclicks.net/win22exhibit>. 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 12 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
- Electricity, available upon request

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:

There is no formal security at the event. KCSWCS cannot guarantee against loss or damage of any kind. Exhibitors assume all risk of loss or damage. Exhibitor assumes responsibility and hereby agrees to protect, indemnify, defend and hold KCSWCS and agents harmless against all claims, losses, and damages to persons or property, governmental charges or fines, and attorney fees arising out of or cause of exhibitors' installation, removal, maintenance, occupancy or use of the exhibitor premises or a part thereof. Exhibitor agrees that KCSWCS shall not be responsible for any exhibit items that are lost, stolen, damaged, or destroyed during the Conference, including setup or tear down.

Shipping:

Please refer to the Overland Park Convention Center Exhibitor Information at <http://opconventioncenter.com/wp-content/uploads/2019/06/OPCC-Exhibitor-Packet.pdf>. KCSWCS is not responsible for receiving or transporting of shipped items.

Agenda: *Topics and faculty subject to change without notification.*

- 7:00 am Registration and Breakfast Open
- 7:30 am Cardiovascular Disease
- 8:25 am Seizures and Non-epileptic Seizures
- 9:15 am Break and Visit Exhibitors
- 9:30 am Rash Review for Primary Care Providers
- 10:20 am Gynecology
- 11:30 am Luncheon Buffet (included in registration fee)
- 11:45 am Non-clinical Jobs for Health Care Providers
- 12:30 pm Extracorporeal Shockwave Therapy for the Management and Treatment of Musculoskeletal Injuries
- 1:20 pm Shoulder Degenerative Joint Disease and Rotator Arthropathy: What Can We Do Now
- 2:10 pm Break and Visit Exhibitors
- 2:30 pm Adult Immunization Update
- 3:20 pm Chronic Kidney Disease
- 4:00 pm Adjourn

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.

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.	<p>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.)</p> <p>Kansas City Southwest Clinical Society</p>		
	<p>2 Business name/disregarded entity name, if different from above.</p>		
	<p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>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.</p> <p><input type="checkbox"/> Other (see instructions) _____</p> <p style="text-align: center;">Non-profit</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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>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"/></p>		
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>9140 Ward Parkway Suite 210</p>	<p>Requester's name and address (optional)</p>	
	<p>6 City, state, and ZIP code</p> <p>Kansas City, MO 64114</p>		
	<p>7 List account number(s) here (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.

Social security number										
or										
Employer identification number										
4	4	-	0	3	0	9	0	6	0	

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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 11/21/2024
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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.

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

Kansas City Southwest Clinical Conference's

2025 Winter Conference

Friday, January 31, 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:

Payment - KCSWCS Federal Tax ID: 44-0309060

_____ Total number of spaces requested: \$600 each.

- Check is enclosed. Make check payable to KCSWCS.
- Check mailed prior to meeting.
- Pay online at <https://kcswcs.memberclicks.net/25wnex>
- Credit card payment. __Visa __MasterCard __Discover __ American Express

Account Number _____ Expiration Date _____

Security Code _____ Signature _____

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.

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 2025 Winter 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. Fax: 816.523.3393 E-mail: ruth@kcswcs.org Web site: www.kcswcs.org