

PROSPECTUS 2023

March 23-25, 2023

Embassy Suites, Charleston, WV



Plan to join us!



**WEST VIRGINIA ACADEMY OF
FAMILY PHYSICIANS**
STRONG MEDICINE FOR WEST VIRGINIA



WHY EXHIBIT?

Over 8 Hours of dedicated exhibit time with more than 300 Family Physicians

Great Exhibit Visitation-participants receive an exhibit visitation card for each day that must be initialed by exhibitors in order to be eligible for some great door prizes.

What's Provided: Skirted Table, Electric, Wireless Internet and Exhibit Description in assembly program. List of all conference attendees will be provided at the conclusion of the program.

Plan to participate! Great Attendance(300+), Great Food & Great Location!

\$2000-"PRIME LOCATION DISPLAY":

- 8 x 10 Ft. Prime Location Space to accommodate display
- Special Recognition in the Assembly Program, Website, Newsletter and complete registration contact list.
- 1 Full page advertisement in the assembly program

\$1200-FLOOR DISPLAY 8 Ft. space to accommodate a floor standing display

\$1000-TABLE TOP DISPLAY 6 Ft. table top exhibit

\$2500-SILVER SUPPORTER: Exhibit Space, full page ad in assembly program, acknowledgement in Family Doc Newsletter, Webpage Acknowledgement, WVAFP Membership list (approx. 900+)

\$3000- GOLD SUPPORTER: Prime Display(8 X 10) Space, Full page ad In assembly program, Webpage link to your company link on WVAFP Website, WVAFP Membership List (approx. 900+), Four quarterly half Page color ads in the "Family Doc" Newsletter

Other Sponsorship Opportunities:

Break, Breakfast or Lunch(Advertisement of Sponsorship in Assembly Program and Signage at event) \$2500

Advertising Opportunities: Portfolio Ad Insert -\$500(includes full color Printing

Assembly Program Advertising: Full Page-\$500/ Half Page-\$250/ Quarter Page-\$100

Contact: Trina Litton, Executive Assistant-trina.litton@gmail.com
Phone: (304) 562-4433

We will be happy to discuss questions, concerns or special arrangements.

West Virginia Academy of Family Physicians 71st Annual Scientific Assembly

Exhibit Hours:

Thursday, March 23, 2023

6:00 am – 7:00 am Last Chance to Setup Exhibits

Breakfast: 7:00 – 7:45

Break @ 10:00am – 10:30 am

Lunch@12:15 – 1:00 pm

Break 3:00 – 3:30 pm

Friday, March 24, 2023

6:00 am – 7:00 am Last Chance to Setup Exhibits

7:00 am – 8:00 am Breakfast/Exhibit Visitation

10:00 am 10:30 am Break/Exhibit Visitation

12:15 pm – 1:00 pm Lunch/Exhibit Visitation

3:00 pm – 3:30 pm Break/Exhibit Visitation

3:45 pm Exhibitors Grand Prize Drawing

4:00 pm Exhibit Area Closed for the Day

Saturday, March 25, 2023

Exhibitors are welcome to join us – but exhibits will be moved to the registration area.

We will have CME sessions going on this day. If you would like to stay and exhibit you are welcome to do so. Attendees' are free to visit exhibits as they choose during lecture hours and encouraged to visit exhibits to make them eligible for door prizes.

Exhibitors:

Thank you for your supporting WVAFP. The value our exhibiting partners bring to all physicians and health care professional attendees is greatly appreciated!

Safety is our number one concern – We will be enforcing all safety guidelines recommendations in place at the time of the meeting.

WEST VIRGINIA ACADEMY OF FAMILY PHYSICIANS

2632 Main Street
Hurricane, WV 25526

304-562-4433 phone
304-562-4469 fax

Email: trina.litton@gmail.com
Website: www.wvafp.org

West Virginia Academy of Family Physicians

71st Annual Scientific Assembly

March 23-25, 2023

Please complete this form or you can register online: www.wvafp.org

Phone: 304-562-4433 Fax: 304-562-4469 Mailing Address: WVAFP, 2632 Main Street, Hurricane, WV 25526

Company _____ PLEASE PRINT

Name: _____

COMPANY CONTACT INFORMATION:

Contact Name: _____ Title: _____

(Correspondence concerning the program will be forwarded to this person)

Street Address: _____

City, State & Zip _____ Email Address: _____

Exhibit Space:

Booths _____ \$1000 Table Top Display(6' table top)

Booths _____ \$1200 Floor Display (8' space)

Booths _____ \$2000 Prime Location

Exhibit Fee _____

Additional Advertisement in Assembly Program(refer to information listing) _____

Total _____

What products, services or equipment will you be displaying. _____

Exhibit Description to be listed in Exhibit Program: 50 words or less. May attach under separate cover or on reverse.

Please make check payable to: WVAFP Tax ID# 55-0419-533

Payment: Check Enclosed Check will be mailed Visa Mastercard American Express Discover

Note: You may also call WVAFP to have your card processed

Card# _____ Expiration Date _____ CVV 3 digit _____

Billing Address _____ Zip Code _____

Signature _____

Or you may call 304-562-4433 to have card processed over the phone

ACCEPTANCE AS BINDING CONTRACT FOR EXHIBITOR

We agree to accept the space assigned to us by the WVAFP in the event none of the spaces designated above are available. We understand that until you receive this contract properly executed, no definite reservations will be made. We understand that signing the contract binds us to a exhibit and payment. Payment is still due in the event of cancellation. **CONTRACT MUST BE SIGNED BY RESPONSIBLE PERSON OF YOUR COMPANY.**

Name: _____ Title: _____
(Please Print)

Signature: _____ Date: _____

Accepted by: _____ Date: _____

Need addition paperwork? Email trina.litton@gmail.com W-9 forms are available on our website: wvafp.org(under meeting tab)

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. WVAFP</p> <p>2 Business name/disregarded entity name, if different from above West Virginia American Academy of Family Physician S</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</p> <p><input checked="" type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><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. 2632 Main Street</p> <p>6 City, state, and ZIP code Hurricane WV 25526</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.

Social security number										
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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.

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 ►	Date ► 12/10/22
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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.