



# The Pittsburgh Ophthalmology Society

Physicians Defining Eye Care in Southwestern PA

## PITTSBURGH OPHTH ALMOLOGY SOCIETY ANNUAL MEETING - MARCH 29, 2019 Pittsburgh Marriott City Center, Pittsburgh PA EXHIBITOR and SPONSORSHIP Opportunities

Contact: Nadine Popovich, Administrator  
The Pittsburgh Ophthalmology Society 713 Ridge Avenue Pittsburgh PA 15212  
Website: [pghoph.org](http://pghoph.org)  
email to [npopovich@acms.org](mailto:npopovich@acms.org) phone: (412) 321-5030 Fax (412) 321-5323

To participate as an Exhibitor or take advantage of a Sponsorship opportunity, please complete the Exhibitor and Sponsorship Agreement **no later than February 20, 2019**.

This will ensure acknowledgment of your support in media leading up and throughout the program. Please note that sponsorship opportunities are limited and will be accepted on a first come, first serve basis.

Once you submit your signed agreement, you will receive a confirmation by email, along with Exhibitor details and hotel instructions. If you do not receive confirmation within a few days of sending in your signed agreement, please contact Debbie Smucker by phone (412) 613-4600 or email to [posannual@acms.org](mailto:posannual@acms.org). **Without a signed Exhibitor agreement, you are not permitted to exhibit.**

## EXHIBIT OPPORTUNITIES

### Exhibit space includes:

- ◆ Continental Breakfast
- ◆ Mid-morning and Afternoon Refreshments
- ◆ Physician Attendance List
- ◆ Logo and Company name displayed on all exhibitor "thank you" signage

**Single: (1) 6' Table w/ 2 chairs - Fee: \$1,300**

**Double: (2) 6' Tables w/4 chairs Fee: \$1,800**

## Power Supply and Exhibit Equipment

Contact Debbie Smucker ([posannual@acms.org](mailto:posannual@acms.org)) or (412) 613-4600 should you require a Power Supply or Exhibit equipment for your exhibit space. Power supplies and equipment **MUST** be ordered in **ADVANCE** and will not be available the day of the conference.

PITTSBURGH OPHTHALMOLOGY SOCIETY  
ANNUAL MEETING - MARCH 29, 2019  
EXHIBITOR and SPONSORSHIP Opportunities  
PITTSBURGH MARRIOTT CITY CENTER  
112 Washington Pl Pittsburgh PA 15219

## SPONSORSHIP OPPORTUNITIES

All sponsors receive a single display table (6'), including the items outlined under "Exhibit Opportunities." In addition, you will receive the items identified under each of the following sponsorship opportunities. One sponsor per category will be accepted (unless noted). No split sponsorship. Feel free to contact Nadine Popovich should you care to discuss further ([npopovich@acms.org](mailto:npopovich@acms.org) / (412) 321-5030).

### **Friday Continental Breakfast    Fee: \$2,500**

- Recognition in Physician and Allied handout signage and Registration website
- Recognition in President's welcome and opening Remarks of Physician meeting
- Premium placement Exhibitor Table (single table)
- Prominent Thank You Signage at breakfast area
- Recognition in POS newsletter and on POS website

### **Friday Morning Break    Fee: \$2,000**

- Recognition in Physician and Allied handout
- Premium placement Exhibitor Table (single table)
- Prominent Thank You Signage during Friday morning Break
- Recognition on POS website

### **Friday Luncheon    Fee: \$3,000**

- Recognition in Physician and Allied handout and Registration website
- Recognition in welcome and opening remarks of Physician meeting
- Premium placement Exhibitor Table (single table)
- Prominent Thank You Signage during Friday Luncheon
- Recognition in POS newsletter and on POS website

### **Friday Afternoon Break    Fee: \$2,000**

- Recognition in Physician and Allied handout and signage
- Premium placement Exhibitor Table (single table)
- Prominent Thank You Signage for Friday Afternoon Break
- Recognition on POS website

### **Guest Faculty and POS Leadership dinner    Fee: \$2,500**

- **Invitation for (2) to attend the Guest Faculty and Leadership dinner (held March 28, 2019) to engage with guest faculty and POS key leadership members**
- Recognition in Physician and Allied handout and Registration website
- Recognition in welcome and opening remarks of Physician meeting
- Premium placement of Exhibitor Table (single table) NOTE: Exhibit Table is additional fee (not part of \$2,500).
- Recognition in POS newsletter and on POS website

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**EXHIBIT and SPONSORSHIP AGREEMENT**

COMPANY NAME\* \_\_\_\_\_  
(Please complete *exactly* as you would like it to appear on signage)

Contact Person \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

\*Company logo may be emailed to Nadine Popovich – [npopovich@acms.org](mailto:npopovich@acms.org)

Please list Industry Representatives attending (limit of 2 representatives per table). An additional fee of \$100 (per rep) will be charged for more than 2 industry representatives.

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate from the following:

**Exhibit Space**

- |  |     |         |
|--|-----|---------|
| <input type="radio"/> Exhibit Table (single) | Fee | \$1,300 |
| <input type="radio"/> Exhibit Table (double) | Fee | \$1,800 |

**Sponsorships**

- |  |      |         |
|--|------|---------|
| <input type="radio"/> Friday Continental Breakfast                       | Fee: | \$2,500 |
| <input type="radio"/> Friday Morning Break                               | Fee: | \$2,000 |
| <input type="radio"/> Friday Luncheon                                    | Fee: | \$3,000 |
| <input type="radio"/> Friday Afternoon Break                             | Fee: | \$2,000 |
| <input type="radio"/> Guest Faculty and POS Leadership dinner (March 28) | Fee: | \$2,500 |

**PAYMENT - In order to confirm your participation:**

- Exhibitor and Sponsorship agreement must be returned by email, fax or mail no later than February 20, 2019
- Payment must be received by March 1, 2019.

\*Availability of sponsorships and exhibit space will be determined on the date that the agreement is received.

Society Tax ID # 25-6064814      Please make a check payable to: **Pittsburgh Ophthalmology Society**

Mail payment to: Nadine Popovich, Administrator/ Pittsburgh Ophthalmology Society / 713 Ridge Avenue / Pgh, PA 15212

Credit Card Payment     Visa                     Mastercard     Discover    Total Amount charged \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Card Billing Address \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

Questions: Contact Nadine Popovich, Administrator: Phone: (412) 321-5030 Email: [npopovich@acms.org](mailto:npopovich@acms.org)

# 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Pittsburgh Ophthalmology Society</b>		
	2 Business name/disregarded entity name, if different from above <b>Pittsburgh Ophthalmology Society</b>		
	3 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.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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 <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶ _____		Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. <b>713 Ridge Ave</b>		Requester's name and address (optional)
	6 City, state, and ZIP code <b>Pittsburgh PA 15212</b>		
	7 List account number(s) here (optional)		

**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>									
or									
<b>Employer identification number</b>									
2	5		6	0	6	4	8	1	4

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ <i>Nadine Pomeroy</i>	Date ▶ <i>6.7.3.2018</i>
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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-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.*