



P.O. Box 32861
Charlotte, NC 28232
704-512-6204 Fax: 704-512-6062

www.charlotteahec.org

March 5, 2019

Dear Potential Sponsors and Exhibitors,

On behalf of *Charlotte Area Health Education Center (AHEC), Atrium Health, CaroMont Health and Novant Health*, I would like to invite you to the **“ExPlore 2019: Innovations in Electrophysiology for the Allied Professional”** at **CPCC’s Harris Conference Center**, 3210 CPCC Harris Campus Drive, Charlotte, NC on **Saturday, November 2, 2019**.

This third annual conference **jointly provided by our three major healthcare institutions** will bring back experts in the field of electrophysiology to discuss new research, hot topics and trends in management and care. We anticipate over 100 healthcare professionals to attend this exciting event, including advanced care practitioners, nurses, respiratory therapists and others in the field of electrophysiology. Time will be allotted during the agenda for participants to visit exhibitor tables. Your support as an exhibitor would be greatly appreciated!

Exhibitors Levels

Gold Level Exhibitor	\$5,000
Silver Level Exhibitor	\$3,500
Bronze Level Exhibitor	\$2,500
Standard Level Exhibitor	\$1,000

Please see attached **“Levels of Support”** form for benefits provided at each level.
Extra representatives may register to attend for an additional \$100.00 per person.

Our Tax ID number is: 56-0529945

The mailing address for the check along with the sponsor or exhibitor form (attached) is:

Charlotte AHEC
Attn: Laura Magennis, Education Specialist
5039 Airport Center Parkway, Building K
Charlotte, NC 28232

Please see the attached sponsor and exhibitor forms as well as the proposed agenda.
Thank you again for your support and participation!! We look forward to seeing you on November 2nd!

Sincerely,

A handwritten signature in cursive script that reads 'Laura Magennis'.

Laura Magennis, MSN, RNC-OB, RN-BC
Charlotte AHEC Education Specialist
(704) 512-6204 laura.magennis@atriumhealth.org



ExPlore 2019:

Innovations in Electrophysiology for the Allied Professional

November 2, 2019 CPMC Harris Conference Center, Charlotte, NC

CONFERENCE SPONSORSHIP

This annual conference offers an unparalleled opportunity to build relationships with individuals and organizations in the field of Electrophysiology. Conference participants will be interested in learning products and services related to innovative measures in electrophysiology.

Gold Exhibitor Package: (\$5,000)

- Listed as our Gold level exhibitor on promotional materials, including corporate logo
- At the beginning of event, will receive recognition for being Gold level exhibitor
- Includes two 6-foot tables for exhibit space in prominent location
- Includes four (4) guest registrations/ meals at no additional cost

Silver Exhibitor Package: (\$3,500)

- Listed as our Silver level exhibitor on promotional materials, including corporate logo
- At the beginning of event, will receive recognition for being Silver level exhibitor
- Includes one 6-foot table for exhibit space in prominent location
- Includes three (3) guest registrations/ meals at no additional cost

Bronze Exhibitor Package: (\$2,500)

- Listed as our Bronze exhibitor on promotional materials, including corporate logo
- At the beginning of event, will receive recognition for being Bronze level exhibitor
- Includes one 6-foot table for exhibit space
- Includes two (2) guest registrations/ meals at no additional cost

Standard Exhibitor Package: (\$1,000)

- Listed as exhibitor on promotional materials
- Includes one 6-foot table for exhibit space
- Includes one (1) guest registration/ meal at no additional cost

Please direct all questions and comments to:

Laura Magennis, DNP, RNC-OB, RN- BC
Education Specialist, Charlotte AHEC
Laura.magennis@atriumhealth.org
704-512-6204

Please make checks payable to:

Charlotte AHEC
Memo Line: ExPlore 2019: Innovations in
Electrophysiology for the Allied Professional
Attn: Laura Magennis
5039 Airport Center Parkway, Bldg. K
Charlotte, NC 28232-2861

Exhibitor Letter of Agreement

Charlotte Area Health Education Center (AHEC)

ACTIVITY INFORMATION

Activity Name:

Activity Date[s]:

Time[s]:

Venue [Address/ PO Box, City, ST, ZIP Code]:

EXHIBITOR FEE

EXHIBITOR COMPENSATION

- Acknowledgment to the participants of your support
- Exhibitors may attend the educational sessions for free when not exhibiting, if not requesting credit. If a company representative would like to receive continuing education credit for the sessions attended, there is a fee. See your Charlotte AHEC representative for more information.

Select Option:

Gold Level (\$5000)

Silver Level (\$3500)

Bronze Level (\$2500)

Exhibitor (\$1000)

Extra Reps (\$100 each), how many?

EXHIBITOR INFORMATION -- If more representatives will be attending, please attach on separate form

Company Name:

#1 Representative Name:

Phone:

Email:

#2 Representative Name:

Phone:

Email:

If nametags are provided, do you need one for each representative attending? NO YES

PAYMENT CONTACT

Person Responsible for Payment:

Company Address/PO Box, City, ST Zip Code:

Phone:

Email:

FORM OF PAYMENT

Credit Card: Payment should be processed at:

Check Payable to: Charlotte AHEC 5039 Airport Center Parkway, Building K, Charlotte, NC 28208 **OR** PO Box 32861, Charlotte, NC 28232-2861 ATTN

AGREEMENT

Charlotte AHEC does not endorse any commercial interest. The educational program is conducted for the benefit of the audience and Charlotte AHEC ensures the content provided to participants during the educational program is objective and balanced with evidence-based information. The distribution of drug and other product samples is not permitted. The final decision to permit exhibits, the type and other specific characteristics will be made by the course director and Charlotte AHEC. Exhibitors themselves are allowed inside the education hall, provided they do not solicit participants. Exhibitors must set-up their display materials outside of the education hall.

This letter of agreement is a binding contract. Charlotte AHEC reserves the right to forthwith cancel this agreement.

Type or sign your name below.

Signature:

Date:

Charlotte AHEC Signature:

Date:

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. The Charlotte-Mecklenburg Hospital Authority	
2 Business name/disregarded entity name, if different from above d/b/a Charlotte AHEC	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input 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 checked="" type="checkbox"/> Other (see instructions) ▶ NC Hospital Authority - Tax Exempt	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>3</u> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 32861	Requester's name and address (optional)
6 City, state, and ZIP code Charlotte, NC 28232	
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.

Social security number													
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5	6		-	0	5	2	9	9	4	5			

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 ▶ <u>4/26/2019</u>
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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.