



Pennsylvania Geriatrics Society

Western Division

An Affiliate of the American Geriatrics Society

713 Ridge Ave ♦ Pittsburgh, PA 15212 ♦ Phone (412) 321-5030 ♦ Fax (412) 321-5323 ♦ www.pagswd.org

On behalf of the Pennsylvania Geriatrics Society – Western Division, Aging Institute of UPMC Senior Services and the University of Pittsburgh and the University of Pittsburgh School of Medicine Center for Continuing Education in the Health Sciences, we would like to invite your organization to participate as a partnering institution at the 24th annual ***Clinical Update in Geriatric Medicine***, to be held **April 7-9, 2016** at the Pittsburgh Marriott City Center Hotel, in Pittsburgh, PA. \

This partnership requires a commitment of \$1,500. In addition to being recognized in the program handout, each partnering institution is entitled to a total of six (6) complimentary registrations for the course.

This award-winning local and popular conference continues to be a respected resource for healthcare professionals (representing all disciplines) for over 20 years. What differentiates this course is its focus on common but confounding conditions: those that healthcare professionals face on a daily basis and for which rapidly evolving research (much done here in Pittsburgh) is revealing new approaches that are feasible for the real world. The conference is presented by highly regarded clinician-educators and researchers who have both experience in using these approaches and the ability to teach them effectively.

Exhibitor opportunities are also available for an additional cost of \$2,000. To confirm your participation as a partnering institution, please complete the *Partner Letter of Agreement*. To participate as an exhibitor, please complete the *Exhibitor Agreement*. Return agreements no later than **December 15th, 2015** and payment by **January 30th, 2016**. If you have questions please contact Nadine Popovich, PAGSWD Administrator at 412-321-5030 or npopovich@acms.org.

We appreciate your consideration of this request and look forward to seeing you at the 2016 program.

Regards,

Shuja Hassan, MD

Shuja Hassan, MD
Co-Chair
Clinical Update in Geriatric Medicine

Judith Black, MD, MHA

Judith S. Black, MD, MHA
Co-Chair
Clinical Update in Geriatric Medicine

Neil Resnick, MD

Neil Resnick, MD
Co-Chair
Clinical Update in Geriatric Medicine

Partnership Letter of Agreement

Title of CE Activity 2016 Clinical Update in Geriatric Medicine

Location Pittsburgh Marriott City Center, Pittsburgh PA

Date(s) April 7-9, 2016

Partnering Institution*:

**Please indicate the name of your institution EXACTLY as you would like it to appear in the program*

Contact Name		Telephone		Email:
Address	City	State	Zip	

The above-named organization wishes to provide support for the named continuing education activity as indicated in one of the following options.

Partnership support in the amount of \$1,500.00 (Check made payable to "Pennsylvania Geriatrics Society")

The Partnering Institution will receive complimentary registration for up to 6 attendees. *Partnering Institution Complimentary Registration Form* will be sent once *Partnership Letter of Agreement* is received.

In order to acknowledge your support in our program materials:

- ◆ Letter of Agreement must be returned no later than **December 15th, 2015**
Payment must be received by **January 20th, 2016** (tax identification number is 25-1650976)

Attention: Nadine Popovich, Administrator
Email: npopovich@acms.org Fax: 412-321-5323
Mailing Address:
Pennsylvania Geriatrics Society –Western Division
713 Ridge Ave Pittsburgh PA 15212

Company Representative

Name:

Signature:

Date:

Complete Letter of Agreement and return to:

Nadine Popovich, Administrator

Pennsylvania Geriatrics Society –Western Division

713 Ridge Ave Pittsburgh PA 15212

Phone: (412) 321-5030 Fax: (412) 321-5232 Email: npopovich@acms.org

Exhibitor Agreement

Title of CE Activity 2016 Clinical Update in Geriatric Medicine

Location Pittsburgh Marriott City Center, Pittsburgh PA

Date(s) April 7-9, 2016

Partnering Institution*:

*Please indicate the name of your institution EXACTLY as you would like it to appear in the program

Contact Name	Telephone			Email:
Address	City	State	Zip	

The above-named organization wishes to purchase:

1 Display Table for \$2,000 for the length of the conference (April 7-9, 2016)

In order to acknowledge your support in our program materials:

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Name:

Signature:

Date: