



# 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

January 11, 2017

On behalf of the Pennsylvania Geriatrics Society – Western Division, UPMC/University of Pittsburgh Aging Institute, University of Pittsburgh School of Nursing, and University of Pittsburgh School of Medicine, we would like to invite GlaxoSmithKline to participate in the 25<sup>th</sup> annual **Clinical Update in Geriatric Medicine**, to be held April 6-8, 2017, at the Pittsburgh Marriott City Center Hotel, in Pittsburgh, PA.

Your participation provides the opportunity to engage with over 400 healthcare professionals who provide care to older adults. Several sponsorship and exhibit opportunities are available for you to increase exposure to this specialized audience including key decision makers.

**The “2017 Exhibit and Sponsorship Opportunities,” prospectus provides details on the opportunities available.** To confirm your participation, we request you:

- Complete and return the Sponsor and/or Exhibitor Agreement no later than February 28, 2017. This will ensure acknowledgement of your support in our program materials. You will receive payment notification once agreement is received.

**Sponsorship Participation:** Return the Sponsor Agreement form (by fax, email or mail) no later than February 28, 2016 to:

Krystal Golacinski, Coordination Specialist  
3600 Forbes Ave Suite 302 Pittsburgh PA 15213  
Phone: (412) 647-7050 Email: [moorek12@upmc.edu](mailto:moorek12@upmc.edu) Fax: (412) 647-8222

**Exhibitor Participation:** Return the Exhibitor Agreement form (by fax, email or mail) no later than February 28, 2017 to:

Nadine Popovich, Administrator  
Pennsylvania Geriatrics Society – WD  
713 Ridge Ave Pittsburgh PA 15212  
Phone: (412) 321-5030 Email: [npopovich@acms.org](mailto:npopovich@acms.org) Fax: (412) 321-5323

*This American Geriatrics Society award-winning local and popular conference continues to be a respected resource for health-care 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.*

*Thank you for consideration of this request. We look forward to participation and support from GlaxoSmithKline for this exceptional annual conference.*

Sincerely,

*Shuja Hassan, MD*

Shuja Hassan, MD  
Co-Chair Clinical Update in Geriatric Medicine  
Board of Director, PAGES-WD

*Judith Black, MD, MHA*

Judith S. Black, MD, MHA  
Co-Chair, Clinical Update in Geriatric Medicine  
Secretary/Treasurer, PAGES-WD

*Neil Resnick, MD*

Neil Resnick, MD  
Co-Chair, Clinical Update in Geriatric Medicine  
Board of Director, PAGES-WD



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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 24<sup>th</sup> annual ***Clinical Update in Geriatric Medicine***, to be held **April 6-8, 2017** at the Pittsburgh Marriott City Center Hotel, in Pittsburgh, PA.

This partnership requires a commitment of \$1,800. 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 15<sup>th</sup>, 2016** and payment by **January 30<sup>th</sup>, 2017**. If you have questions please **contact Nadine Popovich, PAGSWD Administrator at 412-321-5030 or [npopovich@acms.org](mailto:npopovich@acms.org)**.

*We appreciate your consideration of this request and look forward to seeing you at the 2017 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

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**Title of CE Activity**      2017 Clinical Update in Geriatric Medicine

**Location**                      Pittsburgh Marriott City Center, Pittsburgh PA

**Date(s)**                         April 6-8, 2017

**Partnering Institution\*:**

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

<b>Contact Name</b>		<b>Telephone</b>		<b>Email:</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	

*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 \$1,800.00 (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 15<sup>th</sup>, 2016**  
Payment must be received by **January 20<sup>th</sup>, 2017** (tax identification number is 25-1650976)

Attention: Nadine Popovich, Administrator  
Email: [npopovich@acms.org](mailto: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) 321-5323    Email: [npopovich@acms.org](mailto:npopovich@acms.org)



25<sup>th</sup> Annual Clinical Update in  
**Geriatric Medicine**

**April 6-8, 2017**

**Marriott Pittsburgh City Center  
Pittsburgh, Pennsylvania**

**Sponsorship  
& Exhibitor  
Opportunities**



## About the Program

This American Geriatric Society award-winning local and popular conference is sponsored by 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. The conference is a collaborate effort of a multi-disciplinary committee with representatives from the region coming together to provide outstanding and timely education to all geriatric healthcare professionals.

As our population continues to age, we are seeing a tidal wave of older persons in our area hospitals, clinics and nursing homes. The fastest growing segment of the population are those above the age of 85 years. The purpose of our conference is to provide an evidence based approach to help clinicians take exceptional care of these often frail individuals.

This 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.

This conference is a well-respected resource to educate those involved in the direct care of older persons by providing evidence-based solutions for common medical problems that afflict older adults.

## Attendee Demographics

2016 Attendance by Degree	
Physician	208
Physician Assistant	19
Pharmacist	15
Nurse Practitioner	75
Nurse	77
Other	57
<b>Total</b>	<b>451</b>
<i>2017 Anticipated</i>	<i>400</i>

## Benefits of Participation:

Supporting the 25<sup>th</sup> Annual Update in Geriatric Medicine conference provides access to more than 400 family practitioners, internists, geriatricians, and other health care professionals who provide care to older adults. This premier educational event, with continually changing topics, speakers and approach continues to yield a robust attendance “in our own backyard”.

Several sponsorship opportunities are available for your organization to connect with our attendees and increase your exposure to this specialized audience, including key decision makers. There are multiple opportunities throughout this 3 day conference to provide maximum return on your investment.

## Opportunities to Support

### Exhibitor Space

**Fee: \$2,000**

- (1) 6' draped table and (2-4) Chairs
- Recognition in handout and poster(s), plenary session remarks and projected "Thank You" on meeting room slide during presentation breaks
- Wireless internet connection
- List of conference attendees

**To reserve your exhibit space**, please complete and return the **Exhibitor and Sponsorship Agreement** no later than **February 28, 2017**. This will ensure acknowledgement of your support in our program materials. *Please note that exhibitor space will be assigned according to the order in which the application is received.*

**Non-profit Rate:** please contact Krystal Golacinski, [moorekL2@upmc.edu](mailto:moorekL2@upmc.edu) or 412-647-7050 for more details.

### \*Lunch/Break Sponsor

**Thursday, April 6<sup>th</sup> or Friday, April 7<sup>th</sup> Lunch Sponsor**

**Fee: \$5,000**

- Recognition in handout and poster(s), plenary session remarks, projected "Thank You" on meeting room slide during presentation breaks and special recognition in lunch area
- High priority exhibitor table
- List of conference attendees

**Thursday, April 6<sup>th</sup> or Friday April 7<sup>th</sup> AM/PM Break Sponsor (1 sponsor per day)**

**Fee: \$3,500**

- Recognition in onsite handout and poster(s), plenary session remarks, projected "Thank You" on meeting room slide during presentation breaks and special recognition in break area
- High priority exhibitor table
- List of conference attendees

**To participate as a sponsor**, complete and return the **Exhibitor and Sponsorship Agreement** no later than **February 28, 2017**. This will ensure acknowledgement of your support in our program materials. *Please note that sponsorship opportunities are limited and will be accepted according to the order in which the application is received.*

\* Organizations identified as a Commercial Interest as defined by the Accreditation Council for Continuing Medical Education (ACCME) are excluded from sponsoring a lunch/break. All support provided from a commercial interest must be in the form of an unrestricted educational grant. The ACCME's definition of a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients (i.e. pharmaceutical companies and medical device manufacturers).

### Educational Grant

Provide an unrestricted educational grant to defray the program costs including guest speaker honorarium/travel expenses, audio/visual equipment and catering. Recognition of support will be included in onsite handout, poster(s), and announced during plenary session remarks.

**If you are interested in providing an unrestricted educational grant**, please contact Krystal Golacinski, [moorekL2@upmc.edu](mailto:moorekL2@upmc.edu) or 412-647-7050

### Group Registration

- 15% tuition discount for groups >10
- Recognition in onsite handout, poster(s), plenary session remarks and projected "Thank You" on meeting room slide during presentation breaks.

**If you are interested in a group registration rate**, please contact Krystal Golacinski, [moorekL2@upmc.edu](mailto:moorekL2@upmc.edu) or 412-647-7050.

## Course Directors

### **Judith S. Black, MD, MHA**

Clinical Associate Professor of Medicine  
University of Pittsburgh School of  
Medicine  
Medical Director Geriatrics Service Line  
Allegheny Health Network

### **Shuja Hassan, MD**

Assistant Professor of Medicine  
University of Pittsburgh School of  
Medicine

### **Neil M. Resnick, MD**

Thomas Detre Professor of Medicine  
Director, Hartford Foundation Center of  
Excellence in Geriatric Medicine  
Chief, Division of Geriatric Medicine  
Associate Director, Institute on Aging of UPMC  
Senior Services and University of Pittsburgh  
University of Pittsburgh and UPMC

**Additional program information and a complete agenda is available at <http://ccehs.upmc.com>.**

## Contact Information

### **Sponsorship and Exhibitor Support**

Krystal Golacinski, Coordination Specialist  
UPMC Center for Continuing Education in the Health Science  
Email: [moorekL2@upmc.edu](mailto:moorekL2@upmc.edu)  
Phone: 412-647-7050  
Website: <http://ccehs.upmc.com>

### **PA Geriatrics Society–Western Division**

Nadine Popovich, Administrator  
PA Geriatrics Society – Western Division  
Email: [npopovich@acms.org](mailto:npopovich@acms.org)  
Phone: (412) 321-5030  
Website: <http://pagswd.org>



# Exhibitor and Sponsorship Agreement

**Title of Activity:** 2017 Clinical Update in Geriatric Medicine

**Location/** Pittsburgh Marriott City Center, Pittsburgh PA  
**Date(s):** April 6-8, 2017

**Organization\*:**

\*Please indicate the name of your institution EXACTLY as you would like it to appear in the recognition materials.

**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 6-8, 2017)

\*Sponsor lunch on Thursday, April 6th for \$5,000

\*Sponsor lunch on Friday, April 7th for \$5,000

\*Sponsor AM or PM break on Thursday, April 6th for \$3,500 (Circle one: AM or PM)

\*Sponsor AM or PM break on Friday April 7th for \$3,500 (Circle one: AM or PM)

\* Organization Council for Continuing Medical Education (ACCME) are excluded from sponsoring a lunch/break. All support provided from a commercial interest must be in the form of an unrestricted educational grant. The ACCME's definition of a commercial interest is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients (i.e. pharmaceutical companies/medical device manufacturers).

**In order to confirm your participation:**

- ◆ Exhibitor and Sponsorship Agreement must be returned by email, fax or mail no later than **February 28<sup>th</sup>, 2017**
- ◆ Payment must be received by **March 28<sup>th</sup>, 2017** by check made payable to "**Pennsylvania Geriatrics Society**" (tax identification number is 25-1650976)

**Payment amount \$**

Pennsylvania Geriatrics Society – Western Division

**Attention:** Nadine Popovich, Administrator

**Mailing Address:** 713 Ridge Ave Pittsburgh PA 15212

**Email:** [npopovich@acms.org](mailto:npopovich@acms.org) **Fax:** (412) 321-5323 **Phone:** (412) 321-5030

Availability of sponsorships and exhibit space will be determined on the date that the agreement is received. Support for the conference will be used to cover program costs, such as speaker honorarium/travel expenses, audio/visual equipment and catering.

Exhibitors must abide by the ACCME's Standards for Commercial Support, <http://www.acme.org/requirements/accreditation-requirements-cme-providers/standards-for-commercial-support> and the University of Pittsburgh Industry Relationship Policy, <http://www.coi.pitt.edu/IndustryRelationships/Policies/IndustryRelationshipsPolicy.pdf> and adhere to the guidelines below.

- Exhibitors may provide informational materials to conferences attendees at the educational event. Exhibitors may not distribute gifts of any kind (e.g. pens, note pads, golf balls, gift baskets, etc.).
- Exhibitors are restricted from discussing promotional matters to activity attendees or course faculty within the educational setting.
- Exhibitors must set-up and tear-down their displays during the approved dates and times and following the directions set by the conference staff and the venue management.
- Exhibitors must check-in with the conference staff at the activity registration table.

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**Company Representative**

**Name:**

**Signature/Date:**

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <p style="text-align: center;">Pennsylvania Geriatrics Society Western Division</p>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to account maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) <p style="text-align: center;">713 Ridge Ave</p>	Requester's name and address (optional)
	6 City, state, and ZIP code <p style="text-align: center;">Pittsburgh, PA 15212</p>	
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

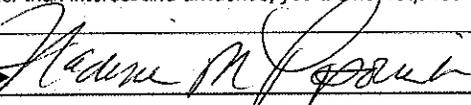
<b>Social security number</b>									
or									
<b>Employer identification number</b>									
2	5		1	6	5	0	9	7	6

**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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶ 	Date ▶ 1-12-2017
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.