

## WOMA PRESENTS 105th NORTHWEST ANNUAL OSTEOPATHIC CONVENTION

June 7-10, 2018 Cedarbrook Lodge, SeaTac, WA

# SPONSOR AND EXHIBITOR OPPORTUNITIES

**We invite you to attend the 105th Annual Northwest Osteopathic Convention, as an exhibitor/sponsor on June 7-10, 2018 at the beautiful Cedarbrook Lodge in SeaTac, Washington.**

### **What's new this year for the convention?**

We have the best of both worlds. The convention is located at a beautiful retreat setting , with the convenience of being located a free shuttle ride from the Seattle/Tacoma Airport. For exhibitors in the Puget sound region this means less travel and overnight hotel stays. Our program is designed to attract a new generation of physicians. Our convention allows exhibitors and sponsors to reach this growing audience.

### **Educational**

The WOMA program objective is to provide a high quality CME program. Participants will be able to identify, describe and recognize advanced ideas, techniques and treatments resulting from the informational exchange between the disciplines involved in the effective management of patients with problems normally presenting in a primary care setting. We anticipate attendance of over 100 physicians. Most are in primary care in Washington State. While the physicians in attendance certainly have a priority interest in the twenty-four hours of accredited Continuing Medical Education to be offered in our program, they will also be attracted by the networking opportunities and social functions.

### **Schedule**

On Thursday, June 7th, exhibitors will set up their booths in the afternoon while physicians attend classes. Exhibiting begins during an Icebreaker reception with food and beverage following exhibitor set up. Segments are specifically set aside in the program on Friday and Saturday for visiting exhibitors. On Friday, the Annual Membership Meeting of WOMA will open with a luncheon. Sponsors will be recognized and Exhibitors will be acknowledged for their support. The Exhibit Hall will close on Saturday at 10:30 a.m. A list of attendees will be provided to each booth on Saturday before the exhibitors close down.

We know this convention provides your firm an excellent opportunity to present its products and/or services in one place, at one time, to a significant audience of osteopathic physicians. We promise you that every effort and incentive possible will be offered to promote exhibit visitation with strict adherence to Pharma Guidelines. Registrants visiting every exhibit are eligible for a drawing for valuable prizes. When the hall opens on Friday and Saturday morning before the lectures begin, a breakfast buffet for physicians and exhibitors will be provided adjacent to the exhibit area . Our exhibit program adds an extra dimension of educational opportunity to the Convention. We will make every effort to show you the appreciation and respect you deserve.

If you have any questions call Roseanne Andersen at the WOMA office at (425) 677-3930. We look forward with pleasure to your participation.

Cordially,

2018 CME Convention Planning Committee

# Exhibitor Information, Fees & Schedule

## Exhibitor Information

**EXHIBIT BOOTHS:** Exhibit space rental fee will include booth back and side drape dividers, a wastebasket, a draped table and two chairs. Furnishings, flood lights and special equipment can be obtained through Triumph Events Network. Standard electricity is included but must be pre-ordered on the form provided by WOMA . (A kit will be sent upon receipt of contract and deposit). Signs are included in exhibit fee.

**BADGES:** Exhibitors will be provided with badges identifying them as exhibitors of the convention. The badges will be easily distinguished from convention professional registrants.

**INSTALLATION OF EXHIBITS:** Exhibit area will be available for installation on Thursday, June 7th between 3:00 and 6:00 p.m. Exhibits are to be ready for showing by 6:15pm, Thursday June 7th. Triumph representatives will be available Thursday until 6:00 pm to provide assistance. All crates must be removed by you from the Exhibit area.

**DECORATORS:** Triumph Events Network, Inc. is the official convention decorator. In addition to the basic booth table and chairs, they will be able to supply other equipment and supplies on request. Exhibitor Service Manuals will be supplied to all firms contracting for exhibit space.

**DRAYAGE:** Triumph Events Network, Inc. is available if needed. A freight form will be included in the Exhibitor Service Kit. Please make drayage arrangements directly with Triumph Events Network. **Do not ship exhibit materials directly to Cedarbrook.**

**EXHIBIT PRACTICES and REGULATIONS:** Please read carefully the exhibit rules and regulations on the back of the application contract form for exhibit space. They are part of the exhibitor's contract.

**EXHIBITOR PARTICIPATION:** Our exhibitors and their personnel are important participants in the Convention. You are welcome to attend seminar sessions. Every effort will be made to stimulate visitation of exhibits by physician registrants.

**MEALS:** Breakfasts are provided in front of the exhibit hall for exhibitors and physicians on Friday and Saturday. Up to two Friday lunch tickets are provided for each booth, **on a pre-ordered basis**. Additional lunch tickets and/or tickets for other meals may be purchased **prior** to the convention on your exhibitor extra meals order form.

## Exhibitor Fees

**EXHIBIT FEE:** \$1,500.00.

Booths will be assigned on a first come first served basis. (Must have contract & payment received)

Colleges of Osteopathic Medicine receive a 50% discount.

## Exhibits Schedule

**RECEPTION:** An Icebreaker Reception for physicians and exhibitors will be held Thursday in the Exhibit Hall from 6:30 p.m. to 7:30 p.m.

**EXHIBIT HOURS:** Thursday, June 7th, 6:30 pm-7:30 pm, Friday, June 8th, 7:00 am to 2:00 pm; Saturday June 9th, 7:00 am to 10:30 am. **Early dismantling is strongly discouraged.**

**EXHIBIT BREAKDOWN:** 10:30 a.m., Saturday, June 9, 2018. **All** exhibit material must be removed by 12:00 pm. Cedarbrook is a "Green hotel". **All the boxes and materials you packed in must be packed out by you.** Please leave your booth the way you found it.

### Exhibit Hours

Set-up:	Thursday, June 7, 3:00 to 6:00 p.m.
Reception:	Thursday, June 7, 6:30 to 7:30 p.m.
Exhibits Open:	Thursday, June 7, 6:30 to 7:30 p.m.
	Friday, June 8, 7:00 a.m. to 4:00 p.m.
	Saturday, June 9, 7:00 a.m. to 10:30 a.m.
	Dismantle: Saturday, June 9, 10:30 a.m. to Noon

## RULES AND REGULATIONS

- 1. CONTRACT FOR SPACE AND EXHIBIT POLICY:** All applicants for exhibit space are required to execute the formal application contract provided by the Washington Osteopathic Medical Association (WOMA). Applications will be accepted beginning immediately.
- 2. CHARACTER OF EXHIBIT:** WOMA reserves the right to decline or prohibit any exhibit or part of an exhibit or proposed exhibit which is not suitable or in accordance with the ethics of the osteopathic profession, or the Association's exhibit standards. The Association reserves the right to bar any exhibitor. This reservation concerns persons conduct, printed matter, souvenirs, and publications. Interference with the light or space of other exhibitors will not be allowed. The placement of all signs, banners and advertising matter shall be subject to the approval of the Association. Sound equipment may not interfere with the presentations of other exhibitors. The Convention Committee reserves the right to request additional evidence of any exhibitor as a basis for judging the appropriateness of the products or theories to be presented.
- 3. GENERAL RESTRICTIONS:** Nothing shall be constructed, built, installed or used as a part of or in connection with an exhibit which does not conform with the requirements of Federal, State, and Municipal laws, ordinances and regulations. Rules of the facility management must be observed and obeyed. Distribution of circulars, samples, or advertising matter of any description from any place other than the space for which the exhibitor has contracted is strictly prohibited. Exhibitor must confine his activities to his allotted space. Aisle space shall not be used for extension of exhibit space.
- 4. OPERATION OF EXHIBIT:** The method and manner of operating each exhibit shall be proper and any exhibitor shall be subject to eviction without refund, if procedures or practices are objectionable. Distribution of lawful samples and educational materials is permissible provided it is conducted on a dignified basis and there is no interference with adjoining exhibits. To afford the physicians sufficient time to meet with as many firms as possible, all exhibits must remain open and have representatives present during all assigned visits, including the breakfasts on Friday and Saturday. **Early dismantling is strongly discouraged.**
- 5. CERTIFICATION OF REPRESENTATIVES:** All purchasers of space must forward the names of their representatives working the exhibit and certify that they are officials or employees of the company to the Washington Osteopathic Medical Association on or before May 24th. Distinctive nontransferable exhibitor identification badges will be made out in these names only. Parties asking admission without these credentials will be refused. Exhibitors desiring to change representatives shall notify the Association in writing. Any person transferring his badge to a non-registrant will have his badge confiscated, with the person making the transfer being denied admission to the exhibit hall.
- 6. NON-ENDORSEMENT:** The exhibiting of products or services at an annual meeting of the WOMA does not constitute an endorsement by the Association of any products, service, modality or any other aspect of an exhibit.
- 7. RULES A PART OF CONTRACT:** These rules and regulations are part of all space contracts. The Association reserves the right to interpret them as well as to make final decisions on all points the rules and regulations do not cover.
- 8. CANCELLATION OF CONFERENCE/EXHIBIT:** Should a contingency, strike, flood, etc.) prevent the program from taking place, exhibitor shall be entitled to a refund of fees paid for such program, less reasonable exhibiting-related costs incurred by WOMA.
- 9. CORRESPONDENCE:** Direct all correspondence to: Executive Director, Washington Osteopathic Medical Association, PO Box 1187 Gig Harbor, WA 98335.
- 10. HOTEL ACCOMMODATIONS:** If you choose to stay at Cedarbrook, [online reservations](#) are preferred. Please identify yourself with the Osteopathic Convention group code: [WOMA](#) to obtain the special convention rates. **(Reservations Room Block cut-off date May 17, 2018.)**
- 11. RESPONSIBILITY:** The exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of injury or damages to displays, equipment and other property brought upon the Hotel premises and shall indemnify, defend and hold harmless WOMA, the Hotel premises, its owners, affiliated companies, agents, servants and employees from any and all such losses, damages and claims. Exhibitors are strongly urged to insure against damage or loss from the time materials are shipped, through move-in, show dates, move-out and until returned to point of origin.
- 12. SECURITY:** The Exhibit Hall will be locked during hours in which the Exhibits are closed. However, it is the responsibility of each exhibitor to protect display material from loss or damage. Exhibit set-up time is firm to ensure security.
- 13. COPYRIGHTED MUSIC:** The exhibitor assumes the entire responsibility for obtaining any necessary license agreements for the use of any copyrighted music in the exhibit space.
- 14. LIMIT:** Each exhibit space is limited to one company division. Due to the limited space, it is recommended that no more than two representatives work a booth at any time.
- 15. GREEN POLICY:** Cedarbrook is a "GREEN" hotel and strongly discourages the use of excessive packaging. Exhibitors should only bring sufficient materials for the anticipated number of registrants. All materials brought into the exhibit hall, including packaging, **must be removed from the premises by the exhibitor.**
- 16. SALES AND ORDER TAKING:** The purpose of the exhibits is to further the education of meeting attendees through product and service displays and demonstrations. Sales and order taking are permitted provided all transactions are conducted in a manner consistent with the professional nature of the meeting. No signage or advertising of products pricing will be allowed without prior approval of WOMA. Products for sale must be the exhibitors' own unaltered, marketed products, and the products or services must be pertinent to the attendee's professional interest. The Washington Osteopathic Medical Association reserves the right to restrict sales activities that it deems inappropriate or unprofessional. Exhibitors conducting sales and order taking are required to obtain city and/or county occupational licenses, and shall be responsible for collecting and remitting all city, county and state sales tax.
- 17. LOGO USAGE:** Exhibitor shall retain all rights in its name, logo and trademark provided to WOMA and its agents, which may use Exhibitor's logo on its materials related to this agreement. No other use is permitted without Exhibitor's written permission. WOMA and its agents shall not obtain any rights to Exhibitor's name, logo or trademark.
- 18. LIABILITY:** Exhibitor agrees to indemnify, defend and hold harmless WOMA and their respective officers, agents and employees, from and against any and all injury, loss, claims or damage to any person or any property occurring at the program, except where such injury, loss, claims or damage is a result of the negligent or willful action or omission of WOMA. WOMA agrees to indemnify, defend and hold harmless Exhibitor and their respective owners, officers, agents and employees, from and against any and all injury, loss, claims or damage to any person or any property occurring at the program, except where such injury, loss, claims or damage is a result of the negligent or willful action or omission of the Exhibitor.



# Exhibit Space Contract

105th Annual Northwest Osteopathic Convention  
June 7-10, 2018, Cedarbrook Lodge, SeaTac, WA

**Tax ID #91-6037851**

Please Print or Type:

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

The undersigned hereby authorizes the WOMA to reserve exhibit space for use by the above company. The undersigned hereby acknowledges receipt of and agrees to abide by the Exhibit Rules and Regulations and to all conditions under which exhibit space is leased to the WOMA. Unless other arrangements are made, a minimum of 50% of the fee must be remitted with the contract. Full payment must be made by May 24, 2018. The undersigned acknowledges that table cancellations made after May 1, 2018, will not be eligible for a refund.

Authorized Signature

Date

Print Name/Title

Choice of booth location(s): 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

Exhibits: \$1500 per booth. Booths will be assigned on a first come, first served basis.

Local/On Site Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

One company division is allowed per booth.

Number of Spaces: \_\_\_\_\_

Cost per Space: \_\_\_\_\_

Total Due: \_\_\_\_\_

If paying with a Visa or MasterCard, this form may be scanned and emailed to [hgriffin@woma.org](mailto:hgriffin@woma.org)

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Account # \_\_\_\_\_

3 digit CID# \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Account \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Product lines and/or services to be exhibited:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company(ies) you do not wish to be located next to:

\_\_\_\_\_  
\_\_\_\_\_

Make a copy for your files and mail/email original to:

Exhibits Manager WOMA  
PO Box 1187 Gig Harbor, WA 98335  
425-677-3930  
[hgriffin@woma.org](mailto:hgriffin@woma.org)

# Sponsorship Pledge Form

105th Annual Northwest Osteopathic Convention

June 7-10, 2018, Cedarbrook Lodge, SeaTac, WA

**Please complete ALL appropriate sections of this form if you plan to be a SPONSOR. Sponsor assignments are processed in order received. Exhibitors should also fill out the Exhibit contract if they plan to have a booth.**

## Organization Information:

*Note: Please complete this section with information exactly as it is to be printed in acknowledgements.*

Full Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

## PREMIUM SPONSORSHIP PACKAGES

### Select your level of sponsorship:

- Platinum Sponsor (\$10,000+)** Recognition as Platinum Sponsor on promotional material, Lead Position on all key marketing materials, Recognition at Reception, Logo on Conference Website, Complimentary prime location exhibit booth, & Complimentary one-year Associate or Active membership to WOMA if eligible
- Gold Sponsor (\$7,500-\$9,999)** Recognition as Gold Sponsor on Promotional Materials, Gold Sponsor Position on all key marketing materials, Logo on Conference Website, Complimentary exhibit booth, & Complimentary one-year Associate or Active membership to WOMA if eligible
- Silver Sponsor (\$5,000-\$7,499)** Recognition as a Silver sponsor on promotional materials, Silver sponsor position on all key marketing materials, Logo on conference Website, & Complimentary exhibit booth
- Bronze Sponsor (\$2,500-\$4,999)** Recognition as a Bronze sponsor on promotional materials, Logo on Conference Website & Complimentary exhibit booth

**Payment Options:**  Check enclosed for \$ \_\_\_\_\_  We are sending a check for arrival by \_\_\_\_\_

Please Invoice us for \$ \_\_\_\_\_  Pay by credit card \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard Exp. Date \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

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

Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**Please make sponsor checks payable to:** WOMA (Washington Osteopathic Medical Association). Mail check and pledge form to WOMA PO Box 1187, Gig Harbor, WA 98335.

### Questions?

Call Roseanne Andersen, Executive Director, 425-677-3930 or email at [executivedirector@woma.org](mailto:executivedirector@woma.org).

2018 Annual NW  
Osteopathic Conv.

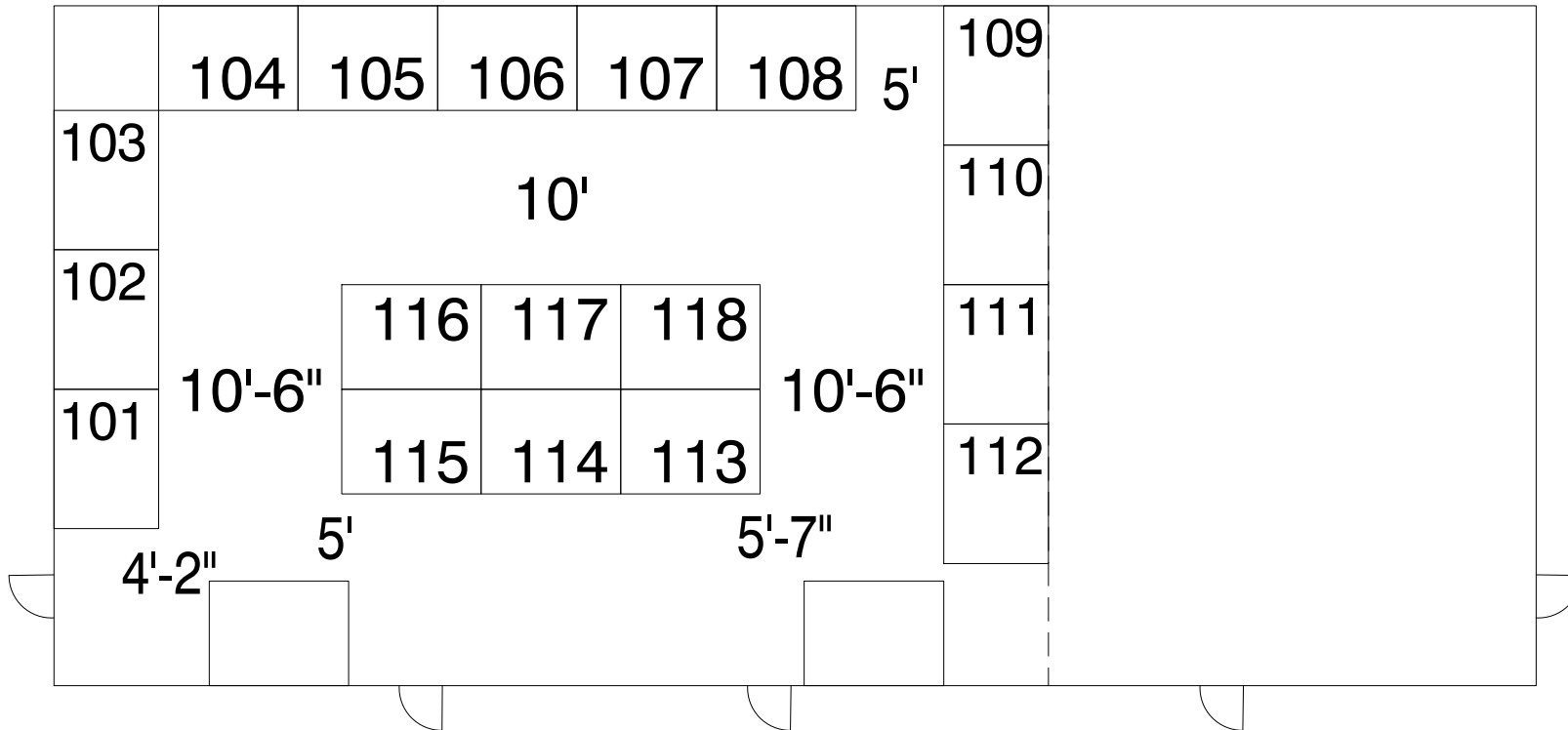
Cedarbrook Lodge -  
The Cedars I & II

DATE(S) June 7th - 9th, 2018

SHOW NO. 10501 | A.E./SALES | JR

Dimension Qty  
6'x8' 18

Totals: 18



REVISION LOG

FILE NAME
10501 2018 Annual NW Osteopathic Convention v04.dwg
REVISED DATE
3/26/2018 3:42 PM
DESIGNER
Sean Thompson

DISCLAIMER

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# 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.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Washington Osteopathci medical Association**

**2** Business name/disregarded entity name, if different from above

**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.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

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.

Other (see instructions) ▶ \_\_\_\_\_

**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) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.  
**2522 Proctor Ave #266 (Mailing PO Box 1187 Gig Harbor, WA 98335)**

**6** City, state, and ZIP code  
**Tacoma, WA 98406**

**7** List account number(s) here (optional)

Requester's name and address (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**

			-					
--	--	--	---	--	--	--	--	--

or

**Employer identification number**

9	1	-	6	0	3	7	8	5	1
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## 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.

**Sign Here**    Signature of U.S. person ▶ *Margaret R. Andersen*    Date ▶ *March 22, 2018*

## 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-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.*