APPLICATION AND CONTRACT FOR EXHIBIT SPACE

2024 SOUTHERN PSYCHIATRIC ASSOCIATION (SPA) AND TENNESSEE PSYCHIATRIC ASSOCIATION (TPA) ANNUAL MEETING

The Westin – Chattanooga, Tennessee September 12 – 14, 2024

2024 EXHIBITOR FEE: \$1,800

The 2024 meeting is held in conjunction with the Southern Psychiatric Association (SPA) and the Tennessee Psychiatric Association (TPA)

Tentative Agenda and Exhibit Times and Functions:

- Thursday, September 12, 2024:
 - o Exhibit Set Up 1:00 p.m. to 5:00 p.m.
- Friday, September 13, 2024:
 - o Exhibits Open 7:00 a.m. to 3:00 p.m.
 - o Lunch with attendees and exhibitors in the exhibit hall
- Saturday, September 14, 2024
 - o Exhibits Open: 7 a.m. to 12:00 p.m.

Additional Benefits:

Exhibitor acknowledgement in SPA and TPA 2024 communications, final program, and a special newsletter to all members highlighting exhibitors.

- One (1) exhibit 6' table-top at the meeting
- Up to two (2) representatives to the meeting*
- Company representatives may attend conference sessions.

Note: Must remove name badge and any company/pharma logo'd items from person.

• Up to 300-word product description in a newsletter which will be distributed to all members of both SPA and TPA.

Attendee List:

Accreditation requires that attendees "Opt In" to give permission for their name and contact information to be shared with exhibitors. The list will include name, practice, city, and state.

^{*}Additional representatives may attend for a \$250 fee to cover their cost of the event.

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2024 SOUTHERN PSYCHIATRIC ASSOCIATION (SPA) AND TENNESSEE PSYCHIATRIC ASSOCIATION (TPA) ANNUAL MEETING The Westin – Chattanooga, Tennessee, September 12 – 14, 2024

Exhibitor Set Up: Thursday afternoon, September 12 (table top display only) Exhibits Open: Friday and Saturday, September 13 and 14, 2024

Mail check to Southern Psychiatric Association, Attention: Janet Bryan, 6501 North Charles Street, Baltimore, MD 21204; 410.938.3452 (office); 410.938.3450 (FAX); email: jbryan@sheppardpratt.org

TAX ID # 23-7425682

Exhibitor Fee: \$1,800	Additional	Representative Fee: \$250					
	Expand your brand outside the exhibition of the	ibit hall by sponsoring any of the					
☐ Friday Breakfast \$500	☐ Friday Break \$250	☐ Friday Lunch \$500					
☐ Saturday Breakfast \$500	☐ Saturday Break \$250						
Grand Total Due (Exhibit Fee and Any Sponsorships) \$							
PLEASE PRINT CLEARL	Y						
Exhibiting Company Name t	o appear on promotions:						
Company Contact:	E-mail:						
Primary Phone:	Business Type	e:					
Company Address:							
for use by the above compar undersigned agrees to secure any losses, insured or uninsu	their own insurance and hold the Vared, and remove all materials that of	ce at The Westin, Chatanooga, Tennessee al Meeting. To validate this contract, the Westin Hotel and SPA/TPA harmless from obstruct fire exits or create a hazard to the cancellation is received by August 1, 2024					
Authorized signature		Date					
Name (print)							
Phone/Email:							

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2024 SOUTHERN PSYCHIATRIC ASSOCIATION (SPA) AND TENNESSEE PSYCHIATRIC ASSOCIATION (TPA) ANNUAL MEETING The Westin – Chattanooga, Tennessee, September 12 – 14, 2024

Exhibitor Rules & Regulations

EXHIBIT SETUP

Exhibit tables are assigned on a first-come, first-served basis. SPA/TPA reserves the right to reassign tables at any time.

EXHIBIT STAFFING & EVENT ATTENDANCE

Please note that exhibit registration includes full attendance for two (2) company representatives. Representative registration includes: display time, continental breakfast, and lunch, as applicable. Additional exhibitor registrations may be purchased for \$250 per registration.

SPECIAL REQUEST

If you have a special request for table placement in the exhibit hall (such as sister companies grouped together, etc.) please let us know. SPA/TPA will be happy to accommodate requests on a FIRST COME, FIRST SERVED basis. Last minute registrants will be placed into remaining space accordingly.

PRINTED MEETING MATERIALS

In order to ensure your company's recognition in printed meeting materials, your completed registration form and payment must be received no later than August 1, 2024. All attempts will be made to include any companies that sign-up after this date in printed materials.

ON-SITE DISTRIBUTION OF EXHIBITOR MATERIALS

Exhibitor information and materials may not be distributed to attendees outside the exhibit hall. Discussion and distribution of materials are prohibited in the session room.

USE OF EXHIBIT SPACE

Sub-letting your booth with another company is strictly prohibited. Companies wishing to reserve a block of exhibit spaces for different representatives at different times to work the booth may do so provided they supply a list of all

reps assigned to each booth space at the time of registration.

SHIPPING BOOTH AND EXHIBIT MATERIALS

Exhibitors should make arrangements with host hotels for receiving and shipping of exhibit materials. TPA/SPA staff will not be liable for storing, transporting or retrieving any exhibitor materials to or from the hotel or other facility. At the end of the event, please make sure you have made arrangements for your booth materials before you leave the venue. TPA/SPA will not be responsible for anything left in the Exhibit Hall at the end of the day.

CONCURRENT EXHIBIT SPACE

No exhibitor may hold any program, meal, or entertainment event at the same time as the association's sponsored events or sanctioned industry-sponsored events are scheduled. This is only fair to those exhibitors who count on maximum participation by our registered attendees.

LOSS OR DAMAGE OF MATERIALS

Each exhibitor must take provision for safeguarding of his/her goods, materials, equipment, and booth displays at all times. SPA/TPA is not responsible for loss or damage of any goods, materials, equipment, or booth displays by any person or for any cause.

CANCELLATION POLICY

The deadline to cancel exhibit space is August 1, 2024. All cancellations must be in writing (mail or email) and will not be accepted by telephone. A \$500 fee will be charged on any cancellation received prior to the respective cancelation date. If a company cancels after the applicable cancelation date or fails to attend they will not receive a refund. Please note that credit card charges/fees are not refundable.



Southern Psychiatric Association

6501 North Charles Street ■ Baltimore, Maryland 21204 ■ 410-938-3452 ■ Fax: 410-938-3450 website: www.sopsych.org ■ E-mail: jbryan@sheppardpratt.org

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Board of Regents

1st Year Member Chasity Torrence, MD Whitfield, MS torrencechasitylynne@yahoo.com

Immediate Past President

David Casey, MD Louisville, KY david.casey@louisville.edu October 2, 2023

Letter of Request

The Southern Psychiatric Association and the Tennessee Psychiatric Association requests your attendance as a vendor at our 2024 Annual Meeting.

September 12 – 14, 2023 Westin Hotel 801 Pine Street Chattanooga, TN 37042

Exhibitor Registration Fee: \$1,800.

Please accept this as an official request to exhibit at the event. The cost of \$1,800, includes an exhibit hall on Friday and Saturday, a lunch with attendees in the exhibit hall on Friday, and a post-event newsletter highlighting all exhibitors which will be distributed to the members of both organizations,

We are expecting approximately 70 to 80 psychiatrists to attend this year's in person meeting. The exhibitor registration fee includes two representatives, who are invited to attend any of the scientific sessions, and a 6' display table with 2 chairs.

Attached is the Southern Psychiatric Association W9 and exhibitor contract.

Please contact me at <u>ibryan@sheppardpratt.org</u> or 410-938-3452 if you have any questions or need additional information.

Sincerely,

Janet Bryan

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Janet Bryan

Executive Director

Attachments



Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
	Southern Psychiatric Association						
	2 Business name/disregarded entity name, if different from above						
Print or type. Specific Instructions on page 3.							
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of th following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC						
	☐ 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 chec 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.	s code (if any)					
	✓ Other (see instructions) ► Association	(Applies to accounts maintained outside the U.S.)					
		ne and address (optional)					
See	6501 North Charles Street						
0)	6 City, state, and ZIP code						
	Baltimore, MD 21204						
	7 List account number(s) here (optional)						
Pai	Taxpayer Identification Number (TIN)						
	Journal appropriate some til provided maer materiale given en mie i te avela	security number					
	up withholding. For individuals, this is generally your social security number (SSN). However, for a						
	ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	- -					
TIN, I							
Note:	If the account is in more than one name, see the instructions for line 1. Also see What Name and	ver identification number					
Numb	per To Give the Requester for guidelines on whose number to enter.						
	2 3	- 7 4 2 5 6 8 2					
Par	t II Certification						
Unde	r penalties of perjury, I certify that:						
	e number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be						
2. I ar	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not beer	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

DocuSigned by:					
Sign Here	Signature of U.S. person ►	Janet Bryan	Date ▶	2/9/2023	
		A77AFABBCB6D401			

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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,