Georgia Society of Anesthesiologists

## 2024 Winter Forum

February 10, 2024

Activity Directors: Andrew Anderson, MD and Taylor Grice, MD



## **Exhibitor Prospectus**

www.gsahq.org

# 2024 Winter Forum

February 10, 2024 Hyatt Regency Atlanta Perimeter at Villa Christina



Georgia Society of Anesthesiologists 1231-J Collier RD NW Atlanta, GA 30318

Phone: (404) 249-9178 Fax: (404) 249-8831 Email: <u>events@gsahq.org</u> Website: www.gsahq.org

## **Exhibit Opportunities**

Exhibitors enjoy remarkable access to existing and potential customers at GSA events. Meet decision makers or renew relations with clients, prospects, and users from anesthesia practices throughout Georgia.

#### Benefits

- More than 100 Anesthesiologists, Resident Physicians, and Anesthesiologist Assistants attend the event
- GSA assures ample time to network at all breakfasts, breaks, and family-friendly social events
- Breaks and breakfasts are conducted in the exhibit hall
- Exhibitor fee includes 6-foot table top for display, seating for two attendees, access to electricity, and two tickets to social events/ breakfasts
- Recognition in activity syllabus
- Email listing of Registrants

#### Fees

Reserve your booth by January 9, 2024 Standard: \$750 (includes two attendees)

### Equipment and Services

All booths include one 6-foot draped table, two chairs, access to electrical service, and one wastebasket or a general waste/recycle receptacle in the Exhibit Area. Please note that all equipment must fit in the designated space. Placing equipment in other areas of the exhibit area is prohibited.

## Sponsor Opportunities

Exhibitors may choose to contribute additional financial support to assist with the costs of a reception, meal, or other activity. These extraordinary supporters receive recognition from the podium and on signage located throughout the conference.

Friday Reception: \$500.00 and up Saturday Breakfast, Breaks or Lunches: \$500.00 and up Unrestricted Educational Grants: \$500.00 and up

## Exhibit Schedule & Registration

### **Registration Hours**

Friday, February 9, 2024: 3:00-6:00 pm Saturday, February 10, 2024: 6:30 am

### **Evening Hospitality**

Friday, February 9, 2024: 7:00-8:00pm

#### Exhibit Assembly

Friday, February 9, 2024: 4:00-6:00 pm

Saturday, February 10, 2024: 6:00 am

Exhibit Hours \*subject to schedule change

Saturday, February 10, 2024: 6:30-7:30 am | 9:30-10:00 am | 12:00

—1:00 pm

### Exhibit Disassembly

Saturday, February 10, 2023: 2:00-3:30 pm

### **Booth Reservation**

The application for the exhibit space and sponsor opportunities is found online at

### Badges

Exhibitor badges will be distributed as designated below. Exhibitors are allowed access to all lectures, meals/breaks, and social events. Additional guest tickets for social events are available for purchase or in one of the premium levels.

# **Hotel Information**

Hyatt Regency Atlanta Perimeter at Villa Christina 4000 Summit Blvd NE Atlanta, GA 30319



Room Rates: Standard: \$129.00

**Hotel Reservations:** 

Click here to book online.

For phone reservations refer to group name "GEORGIA SOCIETY OF ANESTHESIOLOGISTS" 678-539-1234

## **Booth Reservation**



The application for the exhibit space and sponsor opportunities is online at

WinterExhibit24

### **Shipping Information**

Packages for the meeting should not be delivered to the Hyatt Regency Atlanta- Perimeter at Villa Christina before **February 4**, **2024**.

Any packages or boxes larger than any combination of 500 pounds (in any combination of weight/size) must be stored at a local warehouse and delivered to the Resort at the exhibitor's request with prevailing charges for such service. Delivery of larger shipments must be received at warehouse one week prior to the function.

Packages shipped out may be assessed a handling fee per box, in addition to the actual shipping cost. A minimum labor charge of \$30.00 will be billed for all shipments containing more than 15 boxes if such boxes are moved from Hotel's loading docks to Hotel's conference floor by Hotel staff. A labor charge of \$40.00 per hour will apply to larger shipments. Please note that exhibitors must provide its own labor to move any and all boxes 60 pounds or heavier.

The following information must be included on all packages to ensure proper deliver.

- 1. Conference Name: GSA Winter Meeting
- 2. Exhibitor's & Company Name
- 3. Date of Function: February 10, 2024
- 4. THE HYATT REGENCY ATLANTA PERIMETER AT VILLA CHRISTINA 4000 Summit Blvd NE Atlanta, GA 30319

#### **Required Documents**

Category 1 AMA CME credits will be offered during the meeting. National policies and procedures adopted by the American Medical Association, the Accreditation Council for CME and the Pharmaceutical Manufacturers Association have been endorsed and adopted by GSA. To ensure that all educational requirements for the program

are met, the exhibitor is required to follow the policies and procedures as outlined in the Exhibitors Policies (page 5). Complete and submit the letter of Agreement (required).

Letter of Agreement 🔑

## Exhibiting Policies

<b>Cancellation of exhibit space:</b> A written notice of exhibit space cancellation must be sent to the office of GSA, 1231 Collier Road, NW. Suite J Atlanta, GA 30318: (a) Notices received on or before 60 days from the show start date will receive a full refund minus \$250 Administrative Fee	(1) Wastebasket; (2) Chairs, and access to electrical service. Liability: Hotel management and GSA will take every precaution to ensure attendee safety and protection. However, the hotel or GSA shall not be held responsible for losses <u>due to theft or fires, etc.</u> Vendors should secure sufficient liability insurance to protect property in case of such events.
Application to Exhibit:       GSA reserves the right to determine eligibility of an exhibit at all meetings.       p         Use of Exhibit Space:       No exhibitor may assign or sublet any portion of exhibit space to another exhibitor without the written permission of the GSA Conference Coordinator. Another shall not infringe upon the rights and privileges of any exhibitor. Interviews, demonstrations, distribution of literature or samples, etc. must be made inside the exhibitor's hooth       E	<ul> <li>Exhibitor Access: Exhibitors are allowed up to two representatives per booth. Additional badges are available at an additional charge.</li> <li>Premium packages are available for additional personnel. Exhibitors will be allowed to access the exhibit area 30 minutes before opening.</li> <li>Exhibitor Fees &amp; Terms: Exhibitor space cost is outlined in Exhibit Opportunity section. An exhibitor application must be accompanied by full payment. Payment must be received in full at least 30 days prior to the start of the meeting.</li> </ul>
hibits (i.e. crepe paper, cardboard, balloons). All exhibits must conform to Fire Department Regulations. B) Nothing is to be tacked, nailed, screwed or otherwise affixed to the walls, columns, floors or furniture or other properties of the building. C) The exhibitor shall install, or make arrangements to install, the exhibit before the published start of the exhibit hours and dismantle and remove the exhibit immediately after the published close of the exhibit hours. D) Any property shipped to or from the exhibit hall for display at the meeting is the sole risk and re- sponsibility of the exhibitor. E) <u>Exhibits must be staffed at all times</u> <u>during exhibit hours</u> . F) No objectionable lights or noises will be allowed in any exhibitor space. The GSA reserves the right to remove any objec- tionable equipment of exhibitor. G) The sides of the standard inline 6x8 Exhibit Space may be no higher than 3 feet so that all vendors are in view. The decision of a GSA representative regarding this rule is final. H) Exhibitors acknowledge and consent to exhibit hall photos, recordings and news releases. I) The GSA reserves the right without notice to modi- fy the meeting agenda, hours of exhibition, and location of exhibits should circumstance warrant. J) Attire consistent with the decorum of the GSA meeting is required for exhibit personnel. K) Exhibitors may not photograph or videotape any other exhibit in the exhibit space <b>Cancellation of Meeting:</b> GSA shall not be liable for any expenses or losses incurred by the exhibitor should any situation arise that is beyond the control of GSA that prevents the opening of any meeting, the holding pf a meeting of a the cukibit paction.	<b>Giveaways:</b> Customary descriptive product literature, note pads, pens, pencils, and other items may be distributed; however, any item of value of more than \$25 must be approved by GSA. No contest, lotteries or games of chance are allowed. The GSA logo is trademarked by and is the exclusive property of GSA. An individu- al, company, or organization may not use the GSA logo in any way. The logo may not be associated with any promotional materials, mailings, giveaways, or contests. <b>Notice of Disability:</b> In compliance with the Americans with Disa- bilities Act of 1990, the GSA will make all reasonable efforts to accommodate persons with disabilities at its meetings. Please call GSA with any requests at 678-222-4234. <b>Space Assignment:</b> Space assignments will be made on a first come, first served basis. The GSA reserves the right to make changes in assignments at any time. <b>Sales/Order Tracking:</b> The purpose of the exhibit area is to com- plement the educational agenda of the meeting through displays and demonstrations. Sales and order taking are permitted pro- vided all transactions are conducted in a manner consistent with the professional nature of the meeting. Products for sale must be the exhibitor's own unaltered products. The GSA reserves the right to restrict sales activities that it deems inappropriate or un- professional. Exhibitors must comply with all local sales tax re- quirements.

F•rm <b>W-9</b>	
(Rev. December 2014	)
Department of the Trea	sury
Internal Revenue Service	e

#### Request for Taxpayer Identification Number and Certification

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.											
	Georgia Society of Anesthesiologists, Inc.											
je 2.	2 Business name/disregarded entity name, if different from above											
Print or type sific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:         Individual/sole proprietor or single-member LLC         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 abot the tax classification of the single-member owner.         Other (see instructions) ▶			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) (Averies to accounts maintained outside the U.S.)								
			ester's name and address (optional)									
Specifi	1231 Collier Road NW, Ste J											
See S	6 City, state, and ZIP code											
	Atlanta, GA 30318-2322											
	7 List account number(s) here (optional)											
Pai	Taxpayer Identification Number (TIN)											
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	ч	cial s	ecurity	num	ber						
reside	Ip withholding. For individuals, this is generally your social security number (SSN). However, for ant alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other as, it is your employer identification number (EIN). If you do not have a number, see How to get a set of your employer identification number (EIN). If you do not have a number, see How to get a set of your employer identification number (EIN).				-		-					
	n page 3.	or										
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for		for Em	Employer identification number									
	lines on whose number to enter.	5	8	- 1	6	6	4	8	3	1		
Par	t II Certification						-					
Unde	r penalties of perjury. Loartify that:											

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
- 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 on page 3.

Sign	Signature of	Autori B		
Here	U.S. person ►	Maprine Down	. Date	

#### **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*.

#### **Purpose of Form**

An individual or entity (Ferm W-9 requester) whe 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 (TIN), 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:

• Ferm 1099-INT (interest earned er 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)

- Ferm 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. 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

4. 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.



# **Questions**?

Mail: 1231-J Collier Rd NW, Atlanta GA, 30318 Phone: 678-222-4224 Email: events@gsahq.org