

2023 Annual Spring Scientific Convention

May 11 - 14, 2023

IP Casino Resort Spa

Biloxi, Mississippi



MISSISSIPPI PODIATRIC MEDICAL ASSOCIATION

EXHIBITOR AND SPONSORSHIP PROSPECTUS

The Mississippi Podiatric Medical Association will host its **2023 Annual Spring Scientific Convention** at the IP Casino Resort Spa, 850 Bayview Avenue, Biloxi MS 39530. This program is comprised of podiatric physicians and medical professionals in the State of Mississippi and surrounding areas. Exhibitors and Sponsors will be provided an opportunity to increase your company's visibility and build solid business relationships with leaders and decision makers! The MsPMA Expo' will open Thursday, May 11th through Saturday, May 13th.

Please e-mail your questions to executivedirector@mspma.net regarding your much needed participation in the 2023 MsPMA Expo!

EXHIBITOR AND SPONSORSHIP AGREEMENT

The Mississippi Podiatric Medical Association's 2023 Exhibit Hall will be on a first come, first-serve basis with priority given to Sponsors. Exhibit space and sponsorships sell out quickly, so we encourage you to register soon! Each table-top booth will consist of a skirted 6 ft. table and two chairs unless otherwise indicated.

By registering, you agree to and understand the terms and conditions of participating in this event. Please complete this form and return by **March 6th** to be included in marketing materials and convention communication to our attendees. Please note cancellations will not be accepted after this date (*please see cancellation policy*). We look forward to your participation.

Please complete the information below:

Company Name: _____ Contact Person: _____

Address: _____ Telephone #: _____

City, State, Zip: _____ Mobile #: _____

(Please include mobile number to be used for text message reminders)

E-mail Address: _____ Badge Name(s): _____

Electricity Required? Yes No _____

Description of your company _____

IP Casino Resort Spa, 850 Bayview Avenue, Biloxi MS 39530 | www.ipbiloxi.com
For hotel room reservations: 1-888-946-2847 | **Reservation deadline: April 10, 2023**

HOTEL INFORMATION

Group Rate: Wed – Thurs \$89.99 Fri – Sat \$179.99 plus room/tax/fees (Please mention MsPMA to receive the group rate). For online reservations, please visit www.ipbiloxi.com/groups and use Meeting Groups Code MSPE23C.

SPONSORSHIP | EXHIBITOR OPPORTUNITIES

Please email official ads and logos to executivedirector@mspma.net no later than March 6th.


- **Platinum Level Sponsor \$7,500** - Includes double table-top exhibit booth / two chairs, two-page spread in program book, signage, list of attendees, logo and company information included in all conference communication, 10-minute presentation during welcome reception, registration waived for two attendees
- **Gold Level Sponsor \$5,500** - Includes double table-top exhibit booth / two chairs, full-page ad in program book, signage, list of attendees, logo and company information included in conference communication, list of attendees, registration waived for two attendees
- **Silver Level Sponsor \$3,500** - Includes table-top exhibit booth / two chairs, half -page ad in program book, signage, list of attendees, registration waived for two attendees
- **Bronze Level Sponsor \$2,500** - Includes table-top exhibit booth / two chairs, fourth-page ad in program book, signage, list of attendees, registration waived for one attendee
- **Exhibitor \$1,200** - Includes table-top exhibit booth / two chairs, listing in program book, signage, list of attendees


- Welcome Reception and breaks will be held in the exhibit hall to maximize your contact with attendees.
- Additional opportunities are available to sponsor conference events and speakers. For more information, please email executivedirector@mspma.net.
- The Mississippi Podiatric Medical Association reserves the right to refuse exhibit space if the vendor's product, service, or display/booth is not consistent with the character of the event.


METHOD OF PAYMENT

- Platinum Sponsor | \$7,500
 Gold Level Sponsor | \$5,500
 Silver Level Sponsor | \$3,500

- Bronze Level Sponsor | \$2,500
 Exhibitor | \$1,200

 Card Number: _____ Expiration Date: _____ CVV Code: _____

 Cardholder Name: _____ Signature: _____

 Billing Address: _____

City: _____ State: _____ Zip: _____

Total amount authorized: \$ _____

* Please make checks payable to: *MsPMA, P.O. Box 296, Madison, MS 39130*

CANCELLATION POLICY: Cancellations made after March 6th will be subject to a 50% charge and must be requested in writing. Cancellations will not be accepted after March 31st. Please e-mail your questions to executivedirector@mspma.net.

EXPO SHIPPING & STORAGE

The Mississippi Podiatric Medical Association will not be responsible for accepting exhibit shipments physical for storage. Exhibitors are responsible for planning delivery and return shipments directly with the IP Casino Resort Spa. Materials will be accepted based on prior authorization from Convention Services Coordinator. Materials and packages must be labeled as follows:

**Exhibitor/Sponsor Company Name and Representative
Group Name: Mississippi Podiatric Medical Association
Arrival Date: May 11, 2023
IP Casino Resort Spa
850 Bayview Avenue
Biloxi, MS 39530**

EXPO BUILDING OCCUPANCY AND SECURITY

In the event the premises of the IP Casino Resort Spa are destroyed or damaged, or if the convention fails to take place as scheduled or is interrupted and/or discontinued, or access to the premises is prevented or interfered with by reason of any strike, lockout, injunction, act of war, act of God, emergency declared by any governmental agency or IP Casino Resort Spa, or for any other reason, this contract may be terminated by the Mississippi Podiatric Medical Association.

The exhibit hall will be locked during off hours. However, each exhibitor/sponsor must make provisions for safeguarding goods, materials, equipment, and display during exhibit hours. MsPMA and IP Casino Resort Spa will not be responsible for the loss of any exhibit materials by or for any cause.

EXPO SCHEDULE AND HOURS

Reserved exhibit hall hours are listed below (subject to change). Educational sessions will not take place during the times allocated to give meeting attendees opportunities to explore the exhibit hall. Please note that the exhibit hall will be open at all times during the meeting.

**Please email executivedirector@mspma.net if you are interested in sponsoring a dinner. (Only two available)*

Thursday, May 11			
Start time	End time	Function	Location
3:30 pm	5:30 pm	Set-up	Ballroom A
5:30 pm	7:00 pm	Welcome Reception & Exhibitor Showcase	Ballroom A
7:00 pm	9:00 pm	Sponsored Dinner*	Off-Site
Friday, May 12			
7:30 am	9:30 am	Set-up	Ballroom A
9:30 am	10:00 am	Expo Hall Open	Ballroom A
12:00 noon	1:00 pm	Lunch <i>(please join us)</i>	Ballroom GH
2:30 pm	3:00 pm	Expo Hall Open	Ballroom A
7:00 pm	9:00 pm	Sponsored Dinner*	Off-Site
Saturday, May 13			
7:30 am	9:30 am	Set-up	Ballroom A
9:30 am	10:00 am	Expo Hall Open	Ballroom A
12:00 noon	1:00 pm	Lunch <i>(please join us)</i>	Ballroom GH
2:00 pm	3:00 pm	Dismantle	Ballroom A

Request for Taxpayer Identification Number and Certification

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

Go to 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.

Mississippi Podiatric 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) ▶ _____

Non-Profit

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.

P. O. Box 296

Requester's name and address (optional)

6 City, state, and ZIP code

Madison, MS 39130

7 List account number(s) here (optional)

Print or type. See Specific Instructions on page 3.

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									
8	3	-	2	5	7	7	2	6	5

Part II Certification

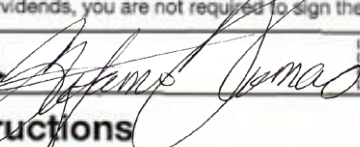
Under penalties of perjury, I certify that:

- 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 ▶



Digitally signed by Stefania Thomas, DPM, DPA, D. M.
DN: cn=Stefania Thomas, DN: c=US
Date: 2019.01.18 12:42:52 -0500

November 1, 2022

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.

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.

LETTER OF AGREEMENT
Terms and Conditions of an Educational Grant
CPME Standard 6.0

Approved Provider: Mississippi Podiatric Medical Association

Joint Provider: N/A

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Regarding the following CE Activity

Meeting Name: 2023 Annual Spring Scientific Convention

Date and Location of Meeting: May 11 - 14, 2023 | Biloxi, MS

Commercial Company Information

Company Name:

Address:

Company Contact Name:

Telephone:

Fax:

E-mail:

This activity is jointly provided by the N/A , the CPME approved Provider, and the N/A joint Provider of continuing medical education.

This grant will provide support for the above-named CE activity by means of:

Unrestricted Educational grant in the amount of \$ __

Gift in-kind Grant (equipment loan) \$_____ *Value assigned should reflect rental fee and shipping and handling only. All equipment will be returned at the conclusion of the meeting.*

Please list equipment provided, include model name and quantity:

Gift in-kind Grant (disposable materials/instruments, etc.) \$_____ *(Replacement Value)*
Please list type of disposable items and quantity:

Conditions

Statement of Purpose

This activity is for scientific and educational purposes only. It will not promote the company's products, directly or indirectly.

Control of Content & Selection of Instructors and Moderators

Providers are solely responsible for all educational content and the selection of instructors and moderators. The *CPME Standards and Requirements for Approval of Providers of Continuing Education in Podiatric Medicine* requires that Providers conduct the program independently and without control or influence by the commercial company over the program's planning, content, or execution.

Disclosure of Financial Relationships

Providers will ensure meaningful disclosure to the audience, at the time of the program of ALL Company funding and any significant relationship between the Provider and the Company or between individual instructors or moderators and the Company.

Involvement in Content

There will be no “scripting,” emphasis, or direction on content by the Company or its agents.

Ancillary Promotional Activities

No promotional activities will be permitted in the same room or vicinity before, during, or after the educational activity. No product advertisements will be permitted in the activity room.

Objectivity & Balance

Providers are required by our policy and the CPME Standards to ensure that the program be objective, balanced, and scientifically rigorous.

Limitation on Data

Providers will ensure, to the extent possible, meaningful disclosure of limitations on data (e.g., ongoing research, interim analyses, preliminary data, or unsupported opinion).

Discussion of Unapproved Uses

Instructors are required to disclose when use of a product is considered off-label or investigational.

Opportunities for Debate Instructors will ensure meaningful opportunities for questioning or scientific debate.

Independence of Providers in the Use of Contributed Funds

All funds and other support associated with this CE activity must be given with the full knowledge and approval of the Provider.

Funds should be in the form of an Unrestricted Educational Grant made payable to the provider responsible for the CE activity (the Provider or Joint Provider).

No other funds from the commercial interest will be paid to the program director, faculty, or others involved with the CE activity (additional honoraria, extra social events, etc.)

The Commercial Interest agrees to abide by all requirements of the CPME Standards.

The approved Provider and the joint Provider (if any) agree to:

- Comply with the CPME Standards and Requirements.
- Acknowledge the unrestricted educational support from the commercial interest in program brochures, syllabi, and other program materials.
- Upon request, furnish the commercial interest a report concerning the expenditure of the funds provided.

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AGREED

Commercial Company: _____ **Signature/Date** _____

Print Name/Title _____

Joint Provider: N/A _____ **Signature/Date** N/A _____

Print Name/Title N/A _____

Approved Provider: Mississippi Podiatric Medical Assoc **Signature/Date** _____

Print Name/Title _____