

March 3, 2018

To Whom It May Concern,

On behalf of the American Heart Association Cardiology Fellows Society of Greater Boston, I respectfully request your support of the **Spring Controversy Dinner** on **Tuesday, May 15, 2018** from 6:45-9:30pm. The program will be held at the Westin Copley Hotel in Boston, MA. The distinguished panelists will discuss **CASTLE-AF and VEST: Emerging EP Therapies in the Growing Heart Failure Epidemic**.

Fellows Society Overview

The Society is comprised of over 200 fellows enrolled in 13 accredited cardiology training programs throughout MA, RI (Brown/URI) and ME (ME Med). The society has two main goals: to meet as a networking group with a forum in which to address educational and clinical issues specifically targeted to cardiology fellows and to offer leadership development opportunities.

Agenda: 6:45-7:45pm - Dinner & Networking with Exhibitors

7:45-9:30pm - Formal Program (Including Case Presentation and Discussion)

Distinguished Panelists will include Mark Estes, MD; Deepa Gopal, MD; Esther Shao, MD; & Usha Tedrow, MD.

Exhibitors and sponsors will receive prominent recognition in the conference materials and receive prime booth locations. Additionally, you will have the ability to speak with fellows and faculty experts. The exhibit area is located outside the educational sessions which do not provide continuing medical education credits. Please note this opportunity is open to other relevant pharmaceutical companies and device manufacturers.

Thank you for taking the time to review this prospectus and for your consideration as a potential exhibitor (sponsorship opportunities are available too). If you have any questions or you need additional information, please contact me at Sue.Flor@heart.org or 516-448-7269. I look forward to your response.

To reserve your table, kindly complete and return your commitment form, included on page 2 in this prospectus, as soon as possible. Forward completed form to Eilis Morgan at Eilis.Morgan@heart.org.

Together, with your support, we can make significant strides in preparing our future cardiologists to help fight the battle against heart disease.

Sincerely,



SUE FLOR

Founders Affiliate (ME-NJ)

Director, Professional Education & Fellows Societies

Sue.Flor@Heart.org | Cell: 516-448-7269

EXHIBITOR OPPORTUNITIES

| <u>Exhibitor Level</u> | <u>Benefits</u> | <u>Commitment Level</u> |
|------------------------|---|-------------------------|
| Gold Exhibitor | Includes: One 6' table draped & skirted with four chairs in the most central & prominent location in the exhibit area, dinner for four company representatives & listed as Gold Exhibitor in conference materials. | \$5,000 |
| Silver Exhibitor | Includes: One 6' table draped & skirted with two chairs in a prominent location in the exhibit area, dinner for two company representatives & listed as Silver Exhibitor in conference materials. | \$3,000 |
| Bronze Exhibitor | Includes: One 6' table draped & skirted with one chair in the exhibit area, dinner for one company representative & listed as Bronze Exhibitor in conference materials. | \$1,500 |
| Additional Supporters | If you are unable to attend but would still like to support this event & further our educational mission, please consider donating another amount. Your company name will be recognized in a list of Additional Supporters in conference materials. | \$500 Minimum |

EXHIBITOR COMMITMENT INFORMATION

Company or Organization Name: please indicate exactly how your company should be listed on printed materials

Contact Name

Credentials Title

Address (local)

City

State

Zip

Phone

Contact will **also** be attending as representative day of?

Email

Please provide name badge information for representative(s) attending:

Name: _____ Name: _____

Title: _____ Title: _____

Email: _____ Email: _____

Space will be assigned at the discretion of the American Heart Association. To designate your preference for location near other companies or your desire not to be located adjacent or opposite to a company, please indicate in the space provided below. These requests will be honored to the greatest extent possible. The American Heart Association has the right to alter the floor plan at any time and will inform all effected exhibiting tables accordingly.

Please **avoid** space assignment adjacent to the following companies: _____

Logistical information will be provided once your commitment form is received.

Liability: The entire liability of the American Heart Association (AHA) and sponsors exclusive remedy for damages from any cause related to or arising out of this agreement, will not exceed a refund of monies actually paid to the AHA by sponsor and not yet expended by the AHA.

Method of Payment: (The AHA's Tax ID # is 13-5613797) W-9 on third page of this prospectus.

Email: Please send invoice to: _____

Check: Check will be mailed separately (Please make all checks payable to **American Heart Association**)

Credit Card: Please use this link to process your payment: [Spring Controversy Dinner Credit Card Payment](#)

My signature indicates authorization to make this commitment on behalf of the company.*

Today's Date

**Typed name may serve as an electronic signature.*

Mail or Email Form and If Paying by Check Please Mail to

American Heart Association | c/o Eilis Morgan | 4 Atrium Drive- Suite 100 | Albany, NY 12205

Please contact Eilis Morgan at Eilis.Morgan@heart.org or (518) 626-8769 if you have questions while completing this form.

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. American Heart Association, Inc. | | |
| | 2 Business name/disregarded entity name, if different from above American Heart Association - Founders Affiliate; American Stroke Association | | |
| | 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) ▶ _____ <small>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.</small> <input checked="" type="checkbox"/> Other (see instructions) ▶ 501(c)(3) exempt organization | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 1 Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| | 5 Address (number, street, and apt. or suite no.) 300 5th Avenue, Suite 6 | | Requester's name and address (optional) |
| | 6 City, state, and ZIP code Waltham, MA 02451 | | |
| | 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.

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| Social security number | | | | | | | | | | | | | | | | | | | | | |
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| Employer identification number | | | | | | | | | | | | | | | | | | | | | |
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| 1 | 3 | - | 5 | 6 | 1 | 3 | 7 | 9 | 7 | | | | | | | | | | | | |

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.

| | | |
|------------------|----------------------------|------------------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ 2/3/2017 |
|------------------|----------------------------|------------------------|

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 (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.