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LETTER OF REQUEST

The Alabama Gastroenterological Society is the only association representing gastroenterologists in the state of Alabama. We depend on the support of vendors like you to provide our members with an annual educational conference. The meeting is open to all member and non-member physicians and other professionals who work in the gastroenterology field.

Our 2018 conference is Feb. 17-18, 2018, at the Hyatt Centric French Quarter, 800 Iberville Street, New Orleans, LA 70112. You may reserve a room by calling (888) 421-1442 and asking for the Alabama Gastroenterological Society room block.

The exhibitor registration fee is \$2,000, with additional opportunities for sponsorships. The exhibitor registration fee includes a display table, two chairs and a wastebasket. Should you need power or internet access, however, please designate that on the registration form. Your representatives are also encouraged to attend all meals and the reception. **Expand your brand outside the exhibit hall by sponsoring an event or item with your company logo!** All sponsors receive priority booth placement. Sponsorships are available on a first come first serve basis. See the Exhibitor Registration form for details.

AGS staff expects approximately 60 attendees. The event will be offered to members as an educational program. All display and marketing opportunities for our corporate friends are separate from the educational portion of the meetings and support a distinct portion of the event that does not include the educational program. If you have questions, please let me know. We greatly appreciate your continued support of the members of AGS, and we hope to see you in New Orleans in 2018.

Make checks payable to AGS and mail to:

Alabama Gastroenterological Society
Attn. Jennifer Hayes
19 South Jackson Street
Montgomery, AL 36104

Sincerely,

A handwritten signature in blue ink that reads 'Jennifer Hayes'.

Jennifer Hayes
Executive Director
jhayes@alamedical.org



**Alabama
Gastroenterological
Society**

2018 Exhibitor Prospectus

**Annual Meeting
February 17-18, 2018
Hyatt Centric French Quarter
New Orleans, Louisiana**

**Alabama Gastroenterological Society
19 S. Jackson Street
Montgomery, AL 36104
(334) 954-2500 | Fax (334) 269-5200
www.alagastro.org**

About the Alabama Gastroenterological Society...

The Alabama Gastroenterological Society is the only association representing gastroenterologists in Alabama. Our mission is to advance the medical treatment and scientific study of gastrointestinal disorders. The society's goals include:

- ▶ Promoting professional values and ethics in the practice of gastroenterology;
- ▶ Improving patient access to quality healthcare;
- ▶ Encouraging an environment of lifelong learning and professional development; and
- ▶ Supporting education and advocacy for our profession, our patients and their families.

The association's members gather for continuing medical education at our Annual Conference where companies may exhibit and/or sponsor events, such as breaks, lunch and receptions.

We encourage the participation of our corporate partners to allow our members to learn more about your products and services, and give you an opportunity to introduce new items into the Alabama market.

If you have questions about the conference and marketing opportunities, please contact **Jennifer Hayes** at (334) 954-2513 or by e-mail at jbhayes@alamedical.org.

Exhibitor Guidelines...

Meeting Date and Location

Annual Conference, Feb. 17-18, 2018, Hyatt Centric French Quarter in New Orleans, La. Make hotel reservations by calling (888) 421-1442 and referring to the Alabama Gastroenterological Society group name. Rates begin at \$229 per night and applies for three days before and three days after the conference, based on availability. **We expect rooms to sell out. Book your room early.**

Exhibit Setup and Break Down

Exhibit space includes one six-foot display table, two chairs and trash can. Pipe and drape is not available. Exhibitors may use stand-alone or table-top exhibits. Set up will be Friday, Feb. 16, TBD and Saturday, Feb. 17, from 6:00 - 7:00 a.m. Exhibits may be removed after the morning break on Sunday, Feb. 18.

Special Requests

If you have a special request for booth placement in the Exhibit Hall to accommodate pop-up displays or other media, please let us know. We are happy to fulfill requests if we are able. **Please indicate on the reservation form if you need access to electrical or Internet service.** Representatives of AGS strive to make each event worthy of attendance by our members and patrons.

Company Recognition

In order to ensure your company's recognition in printed meeting materials, your completed registration form and payment must be received no later than **Jan. 15, 2018.**

Exhibit Staff and Event Attendance

Exhibit registration includes attendance for up to **two representatives**, display time, meals and reception. Please update AGS staff as soon as possible if there is a change in your representative(s). Additional representatives are welcome for an additional fee of \$250 per representative.

Concurrent Events

No exhibitor may hold any event at the same time as any AGS-sponsored event. However, there are no restrictions on exhibitors that would like to provide dinners and events – on-site or off-site – during “free” times.

Booth Sharing

No subletting or sharing exhibit space by more than one company or organization, and who also promotes the same product, will be permitted. Two companies who desire to exhibit together must pay for two booths. Upon request, AGS staff will make every effort to place companies next to each other in the exhibit hall.

Shipping Booth and Exhibit Materials

Exhibitors should make arrangements with host hotels for receiving and shipping of exhibit materials. Prior to the meeting, AGS staff will send shipping and dryage information to all confirmed exhibitors. **AGS 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. AGS will not be responsible for anything left in the Exhibit Hall at the end of the day. AGS is not responsible for any shipping or storage charges.

Cancellation Policy

The deadline to cancel exhibit space is **30 days prior** to the date of the event. Cancellations must be in writing by mail or e-mail and will not be accepted by telephone. If a company fails to cancel by the 30-day cut-off, it will be listed as a “No show” and the company will not receive a refund.

Suitcasing Policy

Suitcasing is the action of soliciting business during the AGS conference, including another company's booth, the conference facility lobby, or general meeting and event areas. Please note that while all meeting attendees are invited to the Exhibit Hall, any person(s) who HAVE NOT paid for an Exhibit Booth at the conference that is observed to be soliciting business in the aisles or other public spaces, in another company's booth, or is in violation of any portion of the Exhibit Policy, will be asked to leave immediately. Additional penalties may be applied.

2018 AGS Exhibitor Registration Form (page 1)

COMPANY INFORMATION *PLEASE PRINT CLEARLY*

Exhibiting Company Name to appear on promotions: _____

Company Contact: _____ E-mail _____ Business Type: _____

Primary Phone: Office Cell _____ Alternate Phone: Office Cell _____ Fax: _____

Company Address: _____

City/State/Zip: _____

EXHIBITOR OPPORTUNITIES

Registration deadline for Annual Conference (Feb. 17-18, 2018) is Jan. 15, 2018 \$2,000

First Attending Rep's Name: _____ E-mail: _____

Second Attending Rep's Name: _____ E-mail: _____

Additional representatives are welcome for \$250 each.

Third Attending Rep's Name _____ E-mail _____ \$250

Fourth Attending Rep's Name _____ E-mail _____ \$250

SPONSORSHIP OPPORTUNITIES

Expand your brand outside the exhibit hall by sponsoring an event or item with your company logo!

All sponsors receive priority booth placement. Sponsorships are available on a first come first serve basis.

Mardi Gras Bash (Saturday Lunch) \$1,000

Breakfast with Exhibitors Saturday Morning \$ 750

Breakfast with Exhibitors Sunday Morning \$ 750

Saturday Morning Break \$ 500

Sunday Morning Break \$ 500

NEW Hotel Room Key Cards with company logo ~~\$1,000~~ **SOLD**

NEW Program Jump Drives with company logo \$1,000

NEW Lighted Company Logo GoBo Projection During Saturday Mardi Gras Lunch \$1,000

NEW Hotel Room Drop (Company promotional items placed in attendee rooms) Friday or Saturday \$2,000

NEW Conference Attendee Bags with company logo \$2,000

Grand Total Due (Exhibit Fee and Sponsorships) \$ _____

See payment information on next page.

EXHIBIT PLACEMENT

Exhibit space allows for a 6-foot table and two chairs.

Check here if you need additional space for a large display or equipment. Our staff will contact you for details.

Will you need electricity? Yes No Will you need Internet? Yes No

List competitors not to be located near. _____

2018 AGS Exhibitor Registration Form (page 2)

Company Name _____

METHOD OF PAYMENT

VISA MasterCard American Express Check made payable to AGS

Cardholder Name _____ Email address for receipt: _____

Card Number _____ Exp. Date _____ Security Code _____

Billing Address _____ City, State ZIP _____

Signature _____ Amount: \$ _____

Your signature acknowledges your understanding that exhibitors assume all responsibilities and agree to protect against all claims, losses and damages to persons or property; and guarantees payment in full as indicated on this form. AGS and the Medical Association of the State of Alabama shall not be held responsible for any claims, losses and/or damages to persons or property. AGS reserves the right to reject a company or agency as an exhibitor without explanation.

Signature: _____ Date: _____

INSTRUCTIONS

Return signed form (**both pages**) with your payment to Jennifer Hayes, P.O. Box 1900, Montgomery, AL 36102. Or, to pre-reserve your booth (recommended), fax this form to (334) 269-5200 or e-mail it to jhayes@alamedical.org and note that payment will follow under a separate cover.

AGS Tax ID#: 46-3482650

For office use only.

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. Alabama Gastroenterological Society	
	2 Business name/disregarded entity name, if different from above	
	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 checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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 above for the tax classification of the single-member owner. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) 19 South Jackson Street	
	6 City, state, and ZIP code Montgomery, AL 36104	
	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 <i>How to get a TIN</i> 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.																																															
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="3" style="text-align: center;">-</td><td colspan="3" style="text-align: center;">-</td><td colspan="3"></td></tr> </table> <p style="text-align: center;">or</p> <table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">6</td><td style="width: 20px; height: 20px; text-align: center;">-</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">6</td><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr> </table>	Social security number																		-			-						Employer identification number									4	6	-	3	4	8	2	6	5	0
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Part II Certification	
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	
2. 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 Here	Signature of U.S. person ▶	Date ▶ 3/7/17
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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:

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.