



WILMER EYE INSTITUTE



JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE
THE JOHNS HOPKINS HOSPITAL

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We would like to offer you the opportunity to support the 34th Annual Current Concepts in Ophthalmology Meeting to be held at the Vail Marriott in Vail, Colorado, March 13-17, 2017. We expect an attendance of approximately 100 physicians. If you would like to exhibit at this activity, an exhibit fee of \$2,500 would entitle you to a six-foot table top display. Johns Hopkins University School of Medicine follows all ACCME guidelines for commercial support. Please visit the course website for more details: <https://hopkinscme.cloud-cme.com/aph.aspx?P=5&EID=7294>.

Using a combination of didactic lectures and discussions, faculty members and invited speakers will present advances in diagnosis and treatment of cataract, glaucoma, refractive surgery (LASIK and PRK), and macular diseases, including new information on current trials and alternative concepts for dry, as well as wet, age-related macular degeneration. New vitreo-retinal surgical instrumentation and applications will be discussed. Presentations will be made on new imaging concepts, including optical coherence tomography systems. A special session will be held on facial rejuvenation.

We look forward to your consideration and funding of this educational meeting. We believe this activity is a worthwhile educational endeavor that will meet the needs of ophthalmologists by providing information that is current, relevant, and clinically useful to their practices. The Johns Hopkins University is a 501(c)3 non-profit organization and our Tax ID # is 52-0595110. All checks for exhibit fees must be payable to the Johns Hopkins University and sent to 12529 Collections Center Drive, Chicago, IL 60693 along with an Exhibitor Booth Agreement. Please be sure to reference course #80041398 so that the monies are deposited in the appropriate account. More information is available on the Exhibitor Booth Agreement.

Please contact Kathy Case in the CME office at kcase5@jhmi.edu or (410) 614-0150 if you are interested in exhibiting at this conference to receive the Exhibitor Booth Agreement and further directions.

Sincerely,

Neil M. Bressler, MD

Chief, Retina Division – Wilmer Eye Institute

The James P. Gills Professor of Ophthalmology

Johns Hopkins University School of Medicine and Hospital



Today's Date: _____

EXHIBIT BOOTH AGREEMENT
The Wilmer Eye Institute's 34th Annual Current Concepts in Ophthalmology
Vail Marriott, Vail, Colorado
March 13-17, 2017 * 80041398

COMPANY: _____ CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____ DISPLAY FEE: \$2,500

NAME AND EMAIL OF REPRESENTATIVES TO BE PRESENT AT CONFERENCE:

REP 1: _____ REP 1 EMAIL: _____

REP 2: _____ REP 2 EMAIL: _____

Exhibitor representatives who would like to attend educational sessions are required to register separately for the conference.

Exhibit space includes: One 6'x30" table and 2 chairs will be provided. # Outlets Needed: _____

Exhibits will be held at the Vail Marriott, Vail, Colorado. Access to the exhibit area will be available for set-up on March 13, 2017 beginning at 6:00 a.m. Registration will begin at 6:00 a.m. Due to lack of storage space, please do not ship display to arrive prior to March 10, 2017. It is your company's responsibility to make arrangements with a courier service to have the display picked up immediately following the last day of the activity.

Shipments should be addressed as follows:

Vail Marriott
715 West Lionshead Circle
Vail, CO 81657
ATTN: Kathy Case
PLEASE HOLD FOR THE Current Concepts in Ophthalmology CONFERENCE, held March 13-17, 2017.

I agree to abide by the ACCME Standards for Commercial Support:

Specifically 4.2 states: "Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME." **For live, face-to-face CME**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity." (Refer to ACCME standards at www.accme.org)

It is the Johns Hopkins Medicine policy that faculty and staff, employees, students, trainees, and volunteers may not accept gifts or entertainment, regardless of value, from pharmaceutical companies or medical device manufacturers or suppliers with respect to any activity at any JHM member organization site and any activity conducted under the auspices of or using the name of any JHM member organization. This policy extends to all exhibitors of this activity. To adhere to this policy no pens, pads, candy, etc. may be offered at your exhibit table.

By signing below the above company acknowledges and agrees to the following (1) The required exhibit fee is for the sole purchase of exhibit space and two complimentary registrations for exhibiting personnel. These personnel must complete and submit a registration form prior to the activity. (2) If more than two personnel wish to attend they must register separately and pay the full registration fee. (3) Payment is required by the company prior to the activity. (4) Each of the costs subsidized by the fee is incremental to the exhibit space and not standard institutional or organizational overhead, and (5) any payment to exhibit is not intended to influence planning of any CE/CME activity or interfere with presentations at any associated CE/CME activity.

PRINT OR TYPE NAME _____ AUTHORIZED SIGNATURE _____ DATE _____

CHECK MUST BE MADE PAYABLE TO The Johns Hopkins University/80041398
Johns Hopkins University Federal Tax ID: 52 0595110
Kindly return this form with payment **upon receipt** to Kathy Case, Conference Coordinator, Johns Hopkins University, Office of Continuing Medical Education, Johns Hopkins University Central Lockbox, Bank of America, 12529 Collections Center Drive, Chicago, IL 60693.

Kathy Case PHONE: 410-614-0150 FAX: 443-224-9540 Email: kcase5@jhmi.edu
Program information will be available at www.Hopkinscme.edu three months prior to activity.

INVOICE
Invoice Number: 80041398
Date:

The Johns Hopkins University
School of Medicine
Office of Continuing Medical Education
Turner 20, 720 Rutland Avenue
Baltimore, MD 21205-2195
Phone: 410-614-0150
Fax: 443-224-9540

The Wilmer Eye Institute's 34th Annual Current Concepts in Ophthalmology
*March 13-17, 2017 * 80041398*
Vail Marriott, Vail, Colorado

TO: Company Name: _____
FOR: Exhibit Fee
AMOUNT: \$ 2,500
DUE: Payment is due 5 business days prior to start of activity.

The Johns Hopkins University Federal Tax ID: 52 0595110
NOTE: Activity budget number 80041398 on the check.

PAYMENT TYPE:

CHECK PAYABLE TO: **The Johns Hopkins University/80041398**

Via WIRE TRANSFER
TO JOHNS HOPKINS:

BANK NAME: Bank of America
ACCOUNT NAME: Johns Hopkins University Central Lockbox
ACCOUNT NUMBER: 003936830516
ABA NUMBER: 052001633
REFERENCE: Continuing Medical Education; 80041398; Company Name: _____

CREDIT CARD:

VISA **MASTERCARD** **DISCOVER** **AMEX**

Card # _____ Exp. Date _____

Name on Card

Signature and Date

MAIL TO:

Kathy Case, CME Conference Coordinator
The Johns Hopkins University School of Medicine
Office of Continuing Medical Education
Johns Hopkins University Central Lockbox
Bank of America
12529 Collections Center Drive
Chicago, IL 60693

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. Johns Hopkins University		
	2 Business name/disregarded entity name, if different from above JHU School of Medicine		
	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) ▶ _____ 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 checked="" 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 12529 Collection Center Drive		Requester's name and address (optional)
	6 City, state, and ZIP code Chicago IL 60693		
	7 List account number(s) here (optional)		
	3 <input checked="" type="checkbox"/> 501(c)non-stock corporation		

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.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
5 2 - 0 5 9 5 1 1 0	

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 ▶ 1-11-16
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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:

- 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.