

ARRHYTHMIA SYMPOSIUM AT THE CEDARS-SINAI SMIDT HEART INSTITUTE



Course Directors

Sumeet S. Chugh, MD

Michael M. Shehata, MD

Xunzhang Wang, MD

EXHIBIT PROSPECTUS

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CEDARS-SINAI®

Continuing Medical Education

8797 Beverly Boulevard, Suite 250, Los Angeles, California 90048

Office (310) 423-5548 | FAX (310) 423-8596

Dear Prospective Exhibitor:

This letter is an invitation to participate as an Exhibitor at the continuing medical education symposium entitled Arrhythmia Symposium at the Cedars-Sinai Smidt Heart Institute to be held at Cedars-Sinai Medical Center in Los Angeles, on December 7, 2018.

The symposium will cover a broad range of topics focused on management of heart rhythm disorders including exercise and arrhythmias, screening for silent atrial fibrillation, patient selection for catheter ablation of atrial fibrillation, as well as overlap of arrhythmias with heart failure, lung disease, and adult congenital heart disease. Other topics include the biological pacemaker, lead extractions and ablation of ventricular tachycardia.

This year's program will feature a concurrent afternoon breakout session for allied healthcare professionals interested in enhancing their knowledge of anticoagulation issues in the EP lab, patient education and follow up of the EP lab patient, remote monitoring of electrical devices, and the role of the genetic counselor in the arrhythmia clinic.

Projected attendance for 2018 is estimated to be 200 healthcare professionals.

To participate as an Exhibitor at this symposium, we require completion of the attached Exhibit registration form, payment of the applicable exhibit fee and full compliance with the ACCME Standards for Commercial Support. Each exhibitor will receive a table and two chairs, and acknowledgment at the conference and in the course syllabus.

Should you decide to participate at this important educational activity, please complete the provided Exhibit Registration Form, indicating your preferred method of payment (check or credit card) and either email to Claudia.Alvarado@cshs.org or mail the agreement with your check (payable to Cedars-Sinai) to:

Cedars-Sinai Office of CME
Attn: Claudia Alvarado
8797 Beverly Blvd., Suite 250
Los Angeles, CA 90048

Our non-profit tax I.D. number is: 95-1644600. A copy of our W9 is provided for your records. Should you have any question or require additional information, please do not hesitate to contact me.

Best regards,

Claudia Alvarado
CME Planner, Office of CME
Cedars-Sinai
Phone: (310) 423-9045
Claudia.Alvarado@cshs.org



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EXHIBIT REGISTRATION FORM

This document confirms the participation of _____ as an **Exhibitor** at the **Arrhythmia Symposium at the Cedars-Sinai Smidt Heart Institute** scheduled **December 7, 2018** at Cedars-Sinai Medical Center in Los Angeles. All companies permitted by Cedars-Sinai Office of CME to complement the conference must strictly adhere to the following guidelines regarding their participation as an exhibitor:

- When commercial exhibits are part of the program, arrangements for these shall not influence planning or interfere with the presentation of CME activities;
- Exhibit placement shall not be a condition of support for a CME activity;
- No commercial promotional materials shall be displayed or distributed in the same room immediately before, during, or immediately after an educational activity certified for credit; and,
- Representatives of commercial supporters may attend an educational activity, but may not engage in sales activities while in the room where the activity takes place, and are strictly prohibited from the sale of and/or discussion of products while attending the educational activity.
- In accordance with OPEN PAYMENTS (Physician Payments Sunshine Act) if exhibitors plan to provide anything of value to physicians it is the responsibility of your organization to maintain your own record of who accepted these items.

Cedars-Sinai Medical Center will provide a table and chairs for use during the meeting. In accordance with ACCME guidelines and CSMC policies, all exhibits will be located in the pre-function area outside the educational area. Please select your payment option below and fax or mail this form to the Office of CME at the address at the top of this form.

☐ **OPTION A** Please charge my credit card for the exhibit fee of **\$2,000** and fax form to 310-423-8596.

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			
Credit Card #:			
CVV Security #:		Exp. Date:	
Billing Address:			
Name on card:			
Authorized Signature:			

☐ **OPTION B** A check in the amount of **\$2,000** was mailed to CSMC Office of CME, 8797 Beverly Blvd., Ste. 250, Los Angeles, CA 90048

Name and E-mail to which receipt should be sent:

Contact Name:	
E-mail:	

Please list below the two representatives who will be staffing the exhibit table. A badge will be available at the registration desk on the day of the conference.

	Representative Name	E-mail Address
1.		
2.		

CME USE ONLY

Exhibit Fee: _____ Amount Paid: _____ Date: _____

Exhibitor Information at a Glance

Conference Location

Cedars-Sinai Medical Center
Harvey Morse Conference Center
South Tower, Plaza Level
8700 Gracie Allen Drive
Los Angeles, CA 90048

Conference & Exhibit Hours

Please refer to the program agenda provided on page 5 for exact times for registration times and meal breaks.

Symposium attendees will be encouraged to visit exhibitors during breakfast, lunch, and all break times. Exhibitors are welcome to audit the program at their discretion.

Exhibitor Registration

An Exhibit Registration Form must be on file with the CME Office prior to setting up for the symposium. The form should include the names of all company representatives who plan to attend.

The CME Office is required to provide Cedars-Sinai Security Department with the names of all company representatives to ensure access to the medical center.

Questions regarding the status of your exhibitor status should be address to Claudia Alvarado in the CME Office at Claudia.Alvarado@cshs.org.

Accommodations

For a detailed list of hotels convenient to the medical center, [click here](#).

Hotels with an asterisk (*) may offer special rates for Cedars-Sinai patients, visitors, and their families. Be sure to mention Cedars-Sinai when making your reservations.

Please note that the [Sofitel Hotel Los Angeles](#) is the closest hotel to the medical center.

Ground Transportation

For those flying in to LAX, taxi service is available from the designated taxi zones, usually on the Arrivals or Baggage Claim levels of most terminals. One-way cab fare to the Sofitel Hotel or Cedars- Sinai is about \$55, depending on traffic.

Major cab companies and areas serviced include:

- Beverly Hills Cab 800-273-6611 (LA& Beverly Hills)
 - United Independent Taxi 800-411-0303 (Beverly Hills)
 - Yellow Cab 800-200-1085 (Los Angeles)
-

Shipment of Exhibit Materials

Ideally, we recommend bringing your exhibit materials with you to the conference.

Questions? Contact Claudia at Claudia.Alvarado@cshs.org

Booth Furnishings & Set-Up

Exhibitors will be provided with a table and chairs. Please note that draping/table coverings are your responsibility and will not be provided.

Exhibitors may begin setting up on Friday, December 7, 2018 at 6:30 am.

Exhibitors are encouraged to tear down by 3:30 pm. If you plan to have exhibit materials shipped back, bring pre-paid return address shipping labels with you! Materials left after 4:00 pm will be discarded.

Agenda

7:15-8:00 AM	Registration/Continental Breakfast
8:00-8:10	Introduction and Welcome Sumeet Chugh, MD
8:10-8:40	Exercise in patients with arrhythmias: Refrain or go for it? Speaker: Mark Link, MD Chair: Jeffrey Goodman, MD
8:40-9:10	Screening for Silent Atrial Fibrillation: The Apple Heart Study Speaker: Marco Perez, MD Chair: Raj Khandwalla, MD
9:10-9:40	Catheter ablation for atrial fibrillation in 2018: CABANA for Clinicians Speaker: Greg Michaud, MD Chair: Michael Shehata, MD
9:40-10:00	Break
10:00-10:30	Treatment of AF with concomitant HF: Ablate or Medicate? Speaker: Jonathan P. Piccini, MD, MHS Chair: Arshia Noori, MD
10:30-11:00	Treatment of post-traumatic stress in patients with implantable defibrillators Speaker: Samuel F Sears, PhD Chair: Donna Gallik, MD
11:00-11:30	Lung disease and arrhythmias: is there a connection? Speaker: Tomas Konecny, MD, PhD Chair: Olga Voroshilovsky, MD
11:30-1:00	LUNCH
1:00-1:30	Managing arrhythmias in adult congenital heart disease Speaker: Anne M Dubin, MD Chair: Sumeet Chugh, MD
1:30-2:00	Postural Tachycardia Syndrome: Pearls for the Clinician Speaker: Satish Raj, MD Chair: David Cannom MD
2:00-2:30	Lead extractions: when to do them and when to avoid them Speaker: Ray Schaerf Chair: Ashkan Ehdaie MD
2:30-3:00	Leadless pacemakers Speaker: Michael Shehata, MD Chair: Charles Swerdlow, MD
3:00-3:30	Break
3:30-4:00	The biological pacemaker: from concept to clinical reality Speaker: Eugenio Cingolani, MD Chair: Eli Gang, MD

4:00-4:30	Approach to the patient with Polymorphic Ventricular Tachycardia: Differential diagnosis and therapy Speaker: Sami Viskin, MD Chair: Sumeet Chugh, MD
4:30-5:00	Ablation of ventricular tachycardia with structurally normal heart Speaker: Ashkan Ehdai Chair: Xunzhang Wang, MD
5.00 pm	Meeting Adjourns

Allied Health Breakout Session (1.30-3.00 pm)

Chairs: Erica Zado and Stanley Conte

1:30-2:00	Anticoagulation issues in the Electrophysiology Laboratory Speaker: Erica Zado
2:00-2:20	Patient education and follow-up of the EP lab patient Speaker: Sabina Hadziabdelahovic and Mary Leier
2:20-2:40	Remote monitoring of electrical devices Speaker: Hyun Joo Lee and Derek Boardman
2:40-3:00	Genetics of Arrhythmia and Role of the Genetic Counselor Speaker: Daria Ma

DEPARTMENT OF HEALTH AND HUMAN SERVICES: OFFICE OF INSPECTOR GENERAL COMPLIANCE PROGRAM
GUIDANCE FOR PHARMACEUTICAL MANUFACTURERS¹

To reduce the risks that an educational grant is used improperly to induce or reward product purchases or to market product inappropriately, *manufacturers should separate their grant making functions from their sales and marketing functions*. Effective separation of these functions will help insure that grant funding is not inappropriately influenced by sales or marketing motivations and that the educational purposes of the grant are legitimate. Manufacturers should establish objective criteria for making grants that do not take into account the volume or value of purchases made by, or anticipated from, the grant recipient and that serve to ensure that the funded activities are *bona fide*. The manufacturer should have no control over the speaker or content of the educational presentation. Compliance with such procedures should be documented and regularly monitored.

SUMMARY OF CEDARS-SINAI POLICIES RELATING TO EXHIBITING

Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME/CE activities.

1. Exhibit fees shall be separate and distinct from educational grants and are not considered commercial support. Exhibitors should complete a CSMC Exhibit Agreement if they decide to participate as an exhibitor at a conference.
2. Exhibitors must receive a copy of this document for review prior to their participation at the CME activity.
3. Exhibit fees shall be set by the Course Director(s) for each activity and will be standard for that activity; potential exhibitors shall have equal access to purchasing exhibit space on a first come-first serve basis.
4. All exhibitors must be in a room or area separate from the education and the exhibits must not interfere or in any way compete with the learning experience prior to, during, or immediately after the activity.
5. Commercial interest (pharmaceutical or medical device) representatives may attend CME/CE activities at the discretion of CSMC for the direct purpose of the representatives' own education; however, they may not engage in sales or marketing activities while in the space or place of the educational activity.

FREQUENTLY ASKED QUESTIONS RELATING TO THE STANDARDS FOR COMMERCIAL SUPPORT (SCS) AND THE APPROPRIATE MANAGEMENT OF COMMERCIAL PROMOTION²

- Q. Is it acceptable to say, "In exchange for \$5,000 of commercial support we will acknowledge you at the meeting as a commercial supporter and give you a 6 foot table for exhibiting."?
- A. No. In this scenario the commercial interest gives commercial support and gets promotional and sales opportunities, which means the promotional opportunity is now a *condition of the support* and **Not in Compliance** with the Standards. The commercial interest must purchase promotional opportunities with resources (e.g. marketing budget) designated for that purpose. If an agreement for advertising or promotion is struck between the two parties it must be outside the written agreement for commercial support (LOA). The LOA contains the terms and conditions of the support between the provider and commercial supporter.
- Q. What exactly constitutes advertising or promotional activities?
- A. Promotional activities are limited to the "exhibit hall", meaning the area designated for representatives of commercial interests (CI) that have paid a fee to display their products and services on table with chairs that we provide either on site or by arrangement with the hotel if the conference is held off-campus. The exhibit area must always be located outside of and separate from the area in which the educational activity is being held. Other promotional activities include advertising pages, posters, or screens in the exhibit hall area and may also include receptions which must be clearly identified to learners as not being part of the educational activity and most importantly, cannot be paid for with commercial support.
- Q. Are exhibit opportunities always to be offered to commercial supporters?
- A. No. Payment and arrangements for exhibits are separate, business transactions. An exhibit fee is payment for the sale of promotional space and requires completion of a CSMC Exhibit Agreement.

¹ Source: <http://www.oig.hhs.gov/authorities/docs/03/050503FRCPGPharmac.pdf>

² ACCME http://www.accme.org/dir_docs/doc_upload/68b2902a-fb73-44d1-8725-80a1504e520c_uploaddocument.pdf; Accreditation Council for Pharmacy Education http://www.acpe-accredit.org/pdf/SCS_Standard%205_February%202009_update.pdf

**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Cedars Sinai Medical Center	
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. <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: 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. <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) 1 Exemption from FATCA reporting code (if any) A <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 8700 Beverly Blvd., Attn: Finance Department	Requester's name and address (optional)
6 City, state, and ZIP code Los Angeles, CA. 90048	
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 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										
9	5	-	1	6	4	4	6	0	0	

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 for Part II, later.

Sign Here	Signature of U.S. person ► <i>Michelle Hewell-Lyke-Wiggins</i>	Date ► <i>1-2-2018</i>

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.