



CEDARS-SINAI®



Exhibit Prospectus

Latest Updates on Neuroimmunology:

3rd Annual Conference for Healthcare Professionals and Patients

Saturday, December 1st, 2018

cedars.cloud-cme.com/neuroimmunologycme

LETTER OF REQUEST

To whom it may concern,

This is an email invitation on behalf of Dr. Nancy Sicotte to participate as an exhibitor at the continuing medical education symposium entitled Latest Updates on Neuroimmunology: 3rd Annual Conference for Healthcare Professionals and Patients to be held at Cedars-Sinai Medical Center in Los Angeles, CA on Saturday, December 1, 2018.

This one-day program will present content in neuroimmunological disorders and treatment algorithms. Led by expert faculty, you will learn about these challenging disorders and the importance of a careful diagnosis and early intervention using the latest medical approaches.

Multiple Sclerosis & Neuromyelitis Optica Spectrum Disorder faculty lectures include:

- diagnosis
- treatment options
- symptom management
- pregnancy care
- pediatrics
- research updates

and expert panels on MS & NMOSD for patients, doctors, caregivers, and providers.

Projected attendance for 2018 is estimated to be 150.

Should you decide to participate at this important educational activity, please complete the online registration at <https://cedars.cloud-cme.com/neuroimmunologycme>. Each exhibitor will receive a table and two chairs, and acknowledgment at the conference and in the course syllabus. The fee to exhibit at the 2018 course is \$1,500. all displays are located in a separate room from the event.

Our non-profit tax ID 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 P. Alvarado

CME Program Specialist, Continuing Medical Education

Claudia.Alvarado@cshs.org

CEDARS-SINAI

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WANT TO EXHIBIT?

Register online at: [HTTPS://CEDARS.CLOUD-CME.COM/NEUROIMMUNOLOGYCME](https://cedars.cloud-cme.com/neuroimmunologycme)

***Online registration is required even if you are planning to pay by check.**

**Checks should be made payable to CSMC and mailed to:
Cedars-Sinai Office of Continuing Medical Education
Attn: Registration
8797 Beverly Blvd, Ste. 250
Los Angeles, CA 90048.**

***Checks must be received at least 2 weeks prior to the activity.**

An email will be sent closer to the meeting date requesting your on-site representatives' information.

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.

**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

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 ► <i>Michelle Hewell-Lynn-Wiggins</i>	Date ► <i>1-2-2018</i>
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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.