



ROCKY MOUNTAIN VASCULAR SOCIETY

45th Annual Meeting - July 9th-12th, 2025

Cambria Hotel on Copper Mountain, CO

Marketing Opportunities

GOLD LEVEL \$7,500

ADVANCED ONSITE PROMOTION

- One (1) blast email communication to RMVS members sent by the Administrative Office
- Dedicated signage & listing in all promotional material
- Final program acknowledgement
- **Participation in the "Industry Update Session"**
- Post-meeting final registration attendee list
- One (1) post-meeting blast email to Annual Meeting attendees sent by the Administrative Office

EXHIBITING

- One (1) tabletop exhibit space with preferred placement

EVENT TICKETS

- Four (4) complimentary tickets to the President's Dinner

ATTENDING

- Four (4) complimentary badges for exhibit personnel

SILVER LEVEL \$5,000

ADVANCED ONSITE PROMOTION

- One (1) blast email communication to RMVS members sent by the Administrative Office
- Dedicated signage & listing in all promotional material
- Final program acknowledgement
- Pre-registration mailing labels
- Post-meeting final registration attendee list

EXHIBITING

- One (1) tabletop exhibit space

EVENT TICKETS

- Three (3) complimentary tickets to the President's Dinner

ATTENDING

- Three (3) complimentary badges for exhibit personnel

TABLETOP EXHIBIT \$3,500

ADVANCED ONSITE PROMOTION

- Dedicated signage & listing in all promotional material
- Final program acknowledgement
- Post-meeting final registration attendee list

EXHIBITING

- Each company will be provided one (1) draped/skirted table with two (2) chairs for each exhibit space purchased
- *Free-standing equipment is not allowed*

EVENT TICKETS

- Two (2) complimentary tickets to the President's Dinner

ATTENDING

- Two (2) complimentary badges for exhibit personnel

INDUSTRY UPDATE SESSION N/C

Each company is allotted podium time in this unique session held prior to the educational sessions (during breakfast). Companies may provide an overview of products, innovations and/or research and/or development. PowerPoint may be used, and there will be a podium connection available to project. Gold level sponsors only are eligible to participate in this session, and may have up to 6-minutes for presentation at the podium.

Educational Grants

PRESIDENT'S DINNER \$8,000

Join all meeting attendees Friday evening for the President's Dinner - a tradition of the Rocky Mountain Vascular Society. Your company's support will be acknowledged on signage and during the dinner.

COFFEE BREAKS \$3,000

Attendees are encouraged to visit the exhibit hall to meet exhibitors during coffee breaks and the continental breakfasts. A total of three (3) coffee breaks are available for support. Your company will be recognized with signage at each station.



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Deadline: June 9, 2025

| | |
|-------------------|-----------------------------|
| Company Name | Exhibitor Coordinator/Title |
| Address | City/State/Zip |
| Daytime Telephone | Email (Required) |

MARKETING SUPPORT

- Gold Level [\$7,500] Tabletop Only [\$3,500]
 Silver Level [\$5,000]

Please avoid space near the following company:

Every attempt will be made to honor placement requests. However, requests cannot be guaranteed.

We agree to abide by the rules & regulations outlined in this prospectus:

[Please Check]

EDUCATION GRANT

- President's Dinner [\$8,000]
 Coffee Breaks [\$3,000]

PAYMENT INFORMATION

Deposit & Balance

A 50% deposit is due with the submission of this application. The remaining balance is due no later than July 10, 2024.

Cancellation Policy

Cancellations received in writing 45-days before the start of the program will be subject to a 25% administrative fee. There will be no refunds for cancellations received within 45-days of the start of the program.

Payment Amount Received

- 50% Deposit [Balance Due] Paid In Full

Payment By Check

Please make checks payable to Rocky Mountain Vascular Society and mail to: 1415 Commercial Ave. STE 257, Anacortes WA 98221

Check Being Sent Via Mail

PAYMENT INFORMATION

Type of Card

- MasterCard VISA American Express

Credit Card Number

Expiration Date

_____ / _____ CVV Code (3 or 4 Digit #) _____

Name As It Appears On Card

Billing Address of the Credit Card

Mail completed application to the address above or scan and email to ashley@surgicalcs.com

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.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | | | |
|--|--|---|---|---|
| Print or type. See Specific Instructions on page 3. | 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | | |
| | 2 | Business name/disregarded entity name, if different from above. | | |
| | 3a | Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. | | |
| | <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate | | | |
| | <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. | | | |
| | <input type="checkbox"/> Other (see instructions) _____ | | | |
| | 3b | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i> |
| 5 | Address (number, street, and apt. or suite no.). See instructions. | | Requester's name and address (optional) | |
| 6 | City, state, and ZIP code | | | |
| 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.

| | | | | | | | | | |
|---------------------------------------|--|--|--|---|--|--|--|--|--|
| Social security number | | | | | | | | | |
| | | | | - | | | | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| | | | | | | | | | |

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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>Heather Roderick</i> | Date | 01.01.25 |
|------------------|--|------|----------|

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they