



**GEORGIA**  
CHAPTER

AMERICAN COLLEGE  
of CARDIOLOGY®

**Wellstar Cardiac-  
Cerebrovascular  
Clinical Symposium:  
Bridging the Divide**

**April 26, 2025**

***EXHIBITOR  
PROSPECTUS***

Hyatt Regency Atlanta Perimeter ♦ Atlanta, GA

# ***GREETINGS FROM THE PROGRAM***

## **Program Committee**

Rishi Gupta, MD  
Amar Patel, MD, FACC  
Arthur Reitman, MD, FACC  
Kumiko Owada, MD  
Ashis Tayal, MD

## **ACC Staff**

Hank Holderfield  
*Executive Director*

Melissa Connor  
*Associate Executive Director*

## **Dear Sir or Madam:**

On behalf of the WellStar and the Georgia Chapter of American College of Cardiology, we want to extend an invitation to become a supporter of the upcoming meeting in Georgia for cardiologists and neurologists. Our meeting will be held on April 26 at the Hyatt Regency Atlanta Perimeter.

Our program attracts outstanding local and national speakers and experts in the fields of neurology and cardiology.

We offer the scheduled opportunity to engage with our attendees on the schedule on the next page.

Please don't hesitate to consult with our Associate Executive Director, Melissa Connor at [mconnor@pami.org](mailto:mconnor@pami.org) or 770-271-0453 to select your sponsorship. Once you decide to participate, please complete the enclosed form and return it to our office as soon as possible.

Thank you for your consideration. We look forward to working with you!

# ***SPONSORSHIP OPPORTUNITIES***

## **PLATINUM SPONSOR: \$10,000**

- Exclusive sponsorship of the sponsored lunch session.
- 15 min presentation during the conference as designated by the program chair.
- Your logo on the coffee sleeves and cocktail napkins on all food and beverage buffets.
- Your logo on the website page and all materials for the conference.
- Virtual Ad on the Conference webpage for 90 days.
- 2 Exhibit tables in a premium space in the exhibit hall.

## **GOLD LEVEL SPONSOR: \$5,000**

### **3 SPONSORSHIPS AVAILABLE**

- Your logo on the website page and all materials for the conference.
- Virtual Ad on the Conference webpage for 30 days.
- 2 Exhibit tables in a premium space in the exhibit hall.

## **EXHIBIT SPONSOR ONLY: \$3,000**

- Your logo on the website page and all materials for the conference.
- 1 Exhibit table in the exhibit hall.

**For immediate information contact Melissa Connor, Associate Executive Director:  
[mconnor@pami.org](mailto:mconnor@pami.org) or 770-271-0453.**



## ***STEP 1: PURCHASE EXHIBIT / SPONSORSHIP***

Click here to purchase an exhibit/sponsorship:

<https://bit.ly/WECAN2025Exhibitors>

Create a user name and password and click **Create Account**, then you can pay by credit card and/or check.

By completing your online registration understand and agree to the conditions and rules provided. Exhibitor agrees to make no claims against the Chapter nor its members, agents, or employees of the Hyatt Regency for loss, theft, damage, or destruction of goods, nor for any injury to himself or employees while in the exhibit area. Should any emergency arise prior to the opening of the exhibit that would prevent the exhibit from being held as planned, it is expressly understood and agreed that the Chapter will return any and all payments made by exhibitors. In the event of such cancellation for reasons beyond the control of the Chapter, the Georgia Chapter American College of Cardiology shall not be held liable for any expenses or losses incurred by exhibitors.

## ***STEP 2: RESERVE YOUR ROOM***

\$149.00 Room Rate + tax

Click here to reserve your room at the Renaissance Waverly:

<https://bit.ly/WECAN2025Hotel>

Hyatt Regency Atlanta Perimeter  
4000 Summit Blvd NE  
Atlanta, GA 30319  
678-539-1234

# EXHIBITION RULES

**EXHIBIT RULES:** The Georgia Chapter, American College of Cardiology invites you to exhibit at their Annual Scientific meeting to be held April 26, 2025. In attendance will be cardiologists and neurologists as well as healthcare professionals in the fields of cardiology and neurology, who are your current customers or potential clients. In return for your support, the exhibit fee includes breakfasts and breaks and an evening meet and greet.

**RENTAL FEE AND AREA:** Platinum Level (\$20,000), Gold Level (\$5,000), and Standard Level (\$3,000) Sponsors include 2 includes 6' table, two chairs, a wastebasket, and electricity. Exhibit Fee includes 6' table, two chairs, a wastebasket, and electricity. Other needed services may be obtained at the standard charge and will be arranged through the Chapter with the hotel, but will be billed to you.

**PAYMENT TERMS:** Space will not be confirmed without a paid contract. Any sponsor/exhibitor who contracts for a table must pay the full rent for it even if they do not occupy it for the full time. If the exhibitor chooses not to attend at a later date, payment will not be refunded.

**CANCELLATION:** In case the facilities shall be destroyed by fire, or the elements, or by any other cause, or in case any other circumstances shall make it impossible for the GA Chapter/ACC to permit the contracted space to be occupied by the exhibitor, this lease shall terminate and the exhibitor shall waive claim for damages or compensation except to request return of the amount paid for space less \$75.00 for the initial cost and promotion.

**SHIPPING:** Packages for the meeting may be delivered to the hotel three (3) working days prior to the date of the event. A handling charge of \$5 per box per movement that will be charged to your company.

**The following information must be included on all packages to ensure property delivery:**

- 1) Georgia Chapter of American College of Cardiology
- 2) Attention Conference Manager - Melissa Connor
- 3) Client's name (Your rep name & Company)
- 4) Function date - April 26, 2025

(Don't forget your return shipping labels for faster return service)  
Mail to : Hyatt Regency Atlanta Perimeter at Villa Christina  
Attn: Wellstar Neuro Card Conference  
Melissa Connor: Wellstar  
4000 Summit Blvd NE  
Atlanta, GA 30319

## SETUP/ BREAKDOWN HOURS:

Saturday, April 26	Set-up starts at 6:00 a.m.
Saturday, April 26	Breakdown starts at 3:30 p.m.

## DISPLAY HOURS:

Saturday, April 26	7:00 a.m. - 3:30 p.m.
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**EXHIBITOR PLANNED FUNCTIONS:** Planned functions for cardiology clients are not allowed without approval from GA ACC.

**DISPLAYS:** Displays must not project into or bother the traffic patterns, or interfere with or obstruct the view of adjoining booths.

**FIRE REGULATIONS:** No combustible decorations such as crepe paper, cardboard or corrugated paper shall be used at any time. All packing containers, excelsior, wrapping paper, which must be flameproof, are to be removed from the floor and must not be stored under tables or behind displays. All muslin, velvet, silken or any other cloth decorations must withstand a flameproof test as prescribed by local fire ordinances. Gasoline, kerosene, acetylene or other flammable or explosive substances will not be permitted in the exhibit area. Exhibits must meet local fire code regulations.

**HOTEL PROPERTY:** The exhibitor must surrender his or her display space in the same condition, as it was when he/she occupied it. Nothing shall be posted on, tacked, nailed, screwed, or otherwise attached to columns, walls, floors, or other parts of the building or furniture. Application of promotional gummed stickers or labels is strictly prohibited. Anything in connection therewith necessary or proper for the protection of the building, equipment, or furniture will be at the expense of the exhibitor.

**NOISE AND ODORS:** No objectionable noise or odors will be permitted at any booth or exhibit. Audio visual equipment will be turned down to a conversational level so as not to disturb adjoining tables. No electrical flashing or neon signs may be used. Exhibitors will not use strolling entertainers or distribute samples or souvenirs except from their own tables. Personnel and mannequins will be dressed in good taste.

**MUSIC LICENSING:** The GA Chapter/ACC will not be liable for music played as part of an exhibit under licensing rules of BMI or ASCAP.

**SUBLETTING OF SPACE:** The exhibitor shall not assign, sublet, or apportion the whole or any part of the space assigned or have representatives, equipment, or materials from firms other than its own in the exhibit space without written consent of the Chapter.

**LIABILITY AND INDEMNIFICATION:** The exhibitor is responsible for all damages to the exhibit premises and for any and all claims and demands on account of any injury or death or damage to property done in or about the premises used by the exhibitor, his or her employees, or agents and the exhibitor agrees to indemnify and hold harmless the GA Chapter ACC, their directors, officers, staff, and facility from and against any and all liability and claims and demands which may arise from or be asserted in connection with the foregoing undertaking and responsibilities of the exhibitor included that caused by or resulting from the negligence of the GA Chapter ACC, their directors, officers, staff and facility.

**PROFESSIONAL CONDUCT:** Professional behavior is expected by each company, its representatives and exhibitor-appointed contractors at all times during the GA ACC Annual Meeting. Any provocation of another either verbally, physically or by any other means may result in all parties involved surrendering their badges immediately and being escorted off the premises by security, and all parties being prohibited from attending the remainder of the GA ACC Meeting. If there is more than one offense, GA ACC may prohibit attendance at future shows.



# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**GA Chapter American College of Cardiology**

**2** Business name/disregarded entity name, if different from above  
**GA ACC**

**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.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

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.

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) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
**4850 Golden Parkway, Suite B-418**

**6** City, state, and ZIP code  
**Buford, GA 30518**

**7** List account number(s) here (optional)

Requester's name and address (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**

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or

**Employer identification number**

5	8	-	1	9	8	9	2	3	3
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**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.

## 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 ▶ *Melissa Connor* Date ▶ *1/1/2025*

### 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](http://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-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.