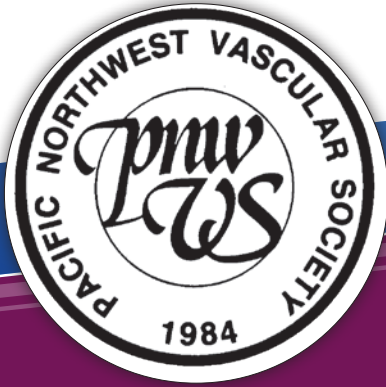




EXHIBITOR PROSPECTUS



PACIFIC NORTHWEST VASCULAR SOCIETY

PNWVS 2024 ANNUAL MEETING

CONTACT INFORMATION

Pacific Northwest Vascular Society

Heather Roderick

Telephone: 360-420-6906

Fax: 360-261-6077

pnwvascular@gmail.com

<http://pacificnwvascular.org>

November 7-8, 2024

The Benson Hotel, Portland, OR

Check the website for registration and additional information at www.pacificnwvascular.org

PROGRAM LEARNING OBJECTIVES

At the end of this program, participants should be able to discuss the following topics:

Cerebrovascular Disease

- Describe the clinical and technical management principles for asymptomatic carotid artery disease
- Describe the clinical and technical management principles for symptomatic carotid artery disease
- Describe current management principles for carotid and vertebral artery dissection
- Identify new methodologies for the diagnosis and treatment of vascular disease as it relates to cerebrovascular disease

Open Surgical and Endovascular Techniques of the Aorta and Aortic Branches

- Describe the clinical and technical management principles for thoracic aortic aneurysms and great branch vessels
- Describe the clinical and technical management principles for abdominal aortic aneurysms and visceral vessels
- Describe the clinical and technical management principles for aortic and branch vessel dissection
- Identify key features in the clinical and technical management of complications related to repair of thoracic and abdominal aortic aneurysms
- Explain the surgical approaches for both occlusive and aneurysmal visceral artery disease
- Identify new methodologies for the diagnosis and treatment of vascular disease as it relates to aortic aneurysm disease
- Analyze opportunities for system improvement in managing patients with acute and chronic aortic syndromes

Peripheral Vascular Disease

- Describe the clinical and technical management principles for patients with Peripheral Artery Disease and claudication
- Identify useful adjunctive treatment modalities to assist in wound healing chronic wounds associated with Peripheral Artery Disease
- Analyze opportunities for system improvement in managing patients with vascular disease and chronic wounds to improve limb preservation

Acute and Chronic Venous Disease Treatment

- Apply techniques of venous recanalization to their current practice
- Evaluate various quality of life measures and calculate what is most meaningful for their practice
- Describe the current therapy for acute VTE and evaluate which treatment is most appropriate for a given clinical setting
- Assess the current state of IVC filter use/retrieval and surveillance strategies
- Identify new methodologies for the diagnosis and treatment of vascular disease as it relates to acute and chronic venous disease

Hemodialysis Access

- Apply techniques of fistula creation to their current practice
- Describe factors influencing surgical and endovascular outcomes after fistula creation
- Identify new methodologies for the diagnosis and treatment of vascular disease as it relates to end-stage renal disease
- Describe new technologies for dialysis access
- Analyze opportunities for system improvement in managing patients with dialysis access needs

Non-atherosclerotic Vascular Disease

- Identify clinical presentation, risk factors and clinical and technical management principles for vascular graft infections
- Describe management strategies and techniques for exposing and repairing traumatic vasculature injuries



PACIFIC NORTHWEST VASCULAR SOCIETY

THURSDAY, NOVEMBER 7, 2024

- 1:00 pm – 8:00 pm** **Registration Open**
- 4:00 pm - 5:00 pm** **Executive Council Meeting**
- 5:30 pm - 6:00 pm** **Business Meeting**
- 6:00 pm – 6:45 pm** **Mentorship Session**
- 6:00 pm - 8:00 pm** **Welcome Reception**
- 7:00 pm – 9:00 pm** **Past Presidents Dinner**

FRIDAY, NOVEMBER 8, 2024

- 7:00 am - 5:00 pm** **Registration Open**
 - 7:00 am - 7:45 am** **Breakfast**
 - 7:45 am - 8:00 am** **Presidential Welcome**
 - 8:00 am - 9:45 am** **Scientific Session I**
 - 9:45 am - 10:15am** **Coffee Break and Exhibits**
 - 10:15 am - 11:15am** **Scientific Session II**
 - 11:15 am - 12:00pm** **Invited Guest Lecture - Malmoud Malas, MD, UCSD**
 - 12:00 pm – 1:30pm** **Lunch**
 - 1:30 pm - 2:30pm** **Scientific Session III**
 - 2:30 pm - 3:00pm** **Coffee Break and Exhibits**
 - 3:00 pm - 4:00pm** **Scientific Session IV**
 - 4:00 pm - 4:45pm** **Scientific Session V**
 - 4:45 pm - 6:00pm** **Closing Reception and Resident Paper Awards**
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PACIFIC NORTHWEST VASCULAR SOCIETY

EXHIBIT & SPONSORSHIP CONTRACT

EXHIBITOR/SPONSOR DETAILS AND FEE

Each exhibiting company will be given a virtual display, along with recognition in the final program which is given to all members and recognition on signage displayed during the meeting. Companies can participate as an Exhibitor for a fee of \$2,500.

COMPANY NAME *(Please list exactly as you would like it to appear on the recognition signage and name badges)*

CONTACT NAME

PHONE _____ EMAIL _____

Please designate amount below:

Gold Exhibitor (\$2,500) \$ _____
(1 representative)

Platinum Exhibitor (\$4,000) \$ _____

Event Sponsorship Donation \$ _____

TOTAL DUE \$ _____

REGISTRATION

As an exhibitor, you will receive (2) complimentary registrations.
Please print names exactly as you would like them to appear on the name badge.

1. FIRST & LAST NAME _____ COMPANY NAME _____

1. PHONE _____ EMAIL _____

2. FIRST & LAST NAME _____ COMPANY NAME _____

2. PHONE _____ EMAIL _____

PAYMENT INFORMATION

Check — Payable to **Pacific Northwest Vascular Society**; mail to the address listed above.

Credit Card — Credit card to be charged: AmEx MC VISA Discover

NAME AS IT APPEARS ON CARD _____

CARD NUMBER _____ CVC CODE _____

EXPIRATION DATE _____ SIGNATURE _____

PLEASE COMPLETE ALL SECTIONS AND RETURN VIA FAX OR MAIL TO:

Pacific Northwest Vascular Society
1415 Commercial Ave. Ste 257
Anacortes, WA 98221

Telephone: 360-420-6906

Fax: 360-261-6077

Email: pnwvascular@gmail.com

PNWVS Tax ID: 91-1283820

Join us for this unique educational and networking opportunity!

The Pacific Northwest Vascular Society brings together a high quality group of vascular surgeons from the Pacific Northwest on an annual basis.

EXHIBIT SPECIAL REQUESTS

Each exhibiting company will receive a 6' tabletop display. Any additional requests will be at the individual company's expense.

Electrical Telephone

High Speed Internet Access

Request for Taxpayer Identification Number and Certification

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

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

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.	
	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 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) _____ 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.) 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.

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																									
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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 ▶	Date ▶ 01/21/2024
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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.