

## ALABAMA CHAPTER

### American College of Emergency Physicians

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#### LETTER OF REQUEST

The 2024 Emerald Coast Conference is returning to the beautiful Sandestin Golf and Beach Resort.

##### June 3-6, 2024

##### Sandestin Golf and Beach Resort

9300 Emerald Coast Pwky W  
Miramar Beach, FL 32550

The discounted room rates begin at \$204 per night. Reserve a room by calling 800-320-8115 and mention Group Code 24R1R0 or reserve online at [www.sandestin.com/24R1R0](http://www.sandestin.com/24R1R0). The deadline to reserve a room at the discounted rate is May 1, 2024.

##### Exhibitor Registration Fee: \$1,900

##### Deadline: May 3, 2024

The Emerald Coast Conference typically attracts between 150 and 200 attendees from Alabama, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Oklahoma, and Tennessee. The target audience is emergency physicians, PAs, NPs, nurses, administrators, recruiters and corporate suppliers. The exhibitor registration fee includes a display table, two chairs and a wastebasket. Your representatives are also encouraged to attend all meals and the reception.

Increase your visibility with attendees with an unrestricted Platinum or Gold Sponsorship or by sponsoring an event, meal or break! All sponsors receive priority booth placement. Sponsorships are available on a first come first serve basis. See details in the enclosed prospectus.

Credit card payment is welcome, or send a check payable to Emerald Coast Conference to:

Attention: Erich Burbage  
AL-ACEP/Emerald Coast Conference  
19 South Jackson Street  
Montgomery, AL 36104

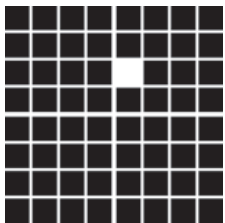
Please let me know if you need additional information. We understand that submission of this letter does not constitute a commitment for your company to support this activity. We greatly appreciate your support.

Sincerely,

Meghan Martin  
Executive Director, AL-ACEP

# EMerald Coast Conference 2024 Exhibitor Opportunities

EMerald Coast Conference 2024  
Monday, June 3 - Thursday, June 6, 2024  
Sandestin Golf and Beach Resort  
Destin, Florida



**ALABAMA**

American College of Emergency Physicians

EMerald Coast Conference  
P.O. Box 1900  
Montgomery, AL 36102  
(334) 954-2500 | Fax (334) 269-5200  
[www.alacep.org](http://www.alacep.org)

# About EMerald Coast Conference...

The EMerald Coast Conference is an educational meeting attracting emergency physicians, PAs, NPs, nurses, administrators, recruiters and corporate suppliers from Alabama, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Montana, Oklahoma and Tennessee.

This four-day meeting provides you the opportunity to meet and converse with emergency medicine professionals throughout the week. Our wish is for all participants to be comfortable and at

ease during exhibit and activity hours; therefore, we ask that you leave those suits and heels behind. Refreshments will be located in the exhibit hall area to boost your exposure to all attendees during the scheduled breaks.

For more information on exhibiting or sponsorship opportunities, contact exhibit coordinator, Erich Burbage, at (334) 954-2515 or by email at [eburbage@alamedical.org](mailto:eburbage@alamedical.org).

## Exhibitor Guidelines...

### Conference Date and Location

June 3-6, 2024

Sandestin Golf and Beach Resort/Linkside Conference Center  
9300 Emerald Coast Pkwy W  
Miramar Beach, FL 32550

Room rates begin at \$204 per night. For room reservations call (800) 320-8115 with group code 24R1R0 or book online at <http://www.Sandestin.com/24R1R0>. The deadline to reserve a room at the discounted rate is May 1, 2024.

### Exhibit Setup

Exhibit space includes one six-foot display table, two chairs and trash can. Pipe and drape is not available. Exhibitors may use stand-alone or table-top exhibits. Set up time is 5:00-7:00 p.m. on Sunday, June 2.

Exhibit Hours:

Monday, June 5 – 6:30 a.m. - 12:30 p.m.

Tuesday, June 6 – 6:30 a.m. - 12:30 p.m.

Wednesday, June 7 – 6:30 a.m. - 12:30 p.m. and 5:00-7:00 p.m.

Thursday, June 8 – 6:30 a.m. - 12:30 p.m.

Electrical, telephone, food and beverage, or audio and visual equipment, should be arranged through the hotel. Exhibitors will receive the Sandestin 2024 Trade Show Vendor Kit after receipt of the exhibitor registration form.

### Special Requests

If you have a special request for booth placement in the Exhibit Hall to accommodate pop-up displays or other media, please let us know. Contact **Erich Burbage** at (334) 954-2515 or by e-mail at [eburbage@alamedical.org](mailto:eburbage@alamedical.org).

### Company Recognition

In order to ensure your company's recognition in printed meeting materials, your registration form and payment must be received no later than May 3, 2024.

### Exhibit Staff and Event Attendance

Exhibit registration includes attendance for up to **two representatives**, display time, meals and receptions. Please update AL-ACEP staff as soon as possible if there is a change in your representative. Up to two additional representatives are welcome for an additional fee of \$100 per representative.

### Booth Sharing

No subletting or sharing exhibit space by more than one company or organization will be permitted. Two companies who desire to exhibit together must pay for two booths. Upon request, AL-ACEP staff will make every effort to place companies next to each other in the exhibit hall.

### Concurrent Events

No exhibitor may hold any event at the same time as any EMerald Coast Conference sponsored event. However, there are no restrictions on exhibitors that would like to provide dinners and events – on-site or off-site – during “free” times.

### Shipping Booth and Exhibit Materials

Veal Convention Services handles all conference packing, shipping and receiving services. Please call (800) 844-8325 or email [orders@vealco.com](mailto:orders@vealco.com) with any questions. Exhibitors will receive the Veal Convention Services Service Order Form after receipt of the exhibitor registration form.

At the end of the event, please make sure you have made arrangements for your booth materials before you leave the venue. AL-ACEP will not be responsible for anything left in the exhibit hall at the end of the conference.

### Cancellation Policy

The deadline to cancel exhibit space is **30 days prior** to the date of the event. Cancellations must be in writing by mail or e-mail and will not be accepted by telephone. If a company fails to cancel by the 30-day cut-off, it will be listed as a “No show” and the company will not receive a refund.

### Suitcasing Policy

Suitcasing is the action of soliciting business during the EMerald Coast Conference, including another company's booth, the conference facility lobby, or general meeting and event areas. Please note that while all meeting attendees are invited to the exhibit hall, any person(s) who **HAVE NOT** paid for an exhibit booth at the conference that is observed to be soliciting business in the aisles or other public spaces, in another company's booth, or is in violation of any portion of the Exhibit Policy, will be asked to leave immediately. Additional penalties may be applied.

### Attendee List

ACCME requires that attendees “opt in” to give permission for their name and contact information to be shared with exhibitors. The list will include name, practice name, city and state.

# 2024 EMerald Coast Conference Exhibitor Registration

## COMPANY INFORMATION *PLEASE PRINT CLEARLY*

Exhibiting Company Name to appear on promotions: \_\_\_\_\_

Company Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Phone:  Office  Cell \_\_\_\_\_ Business Type: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## EXHIBITOR OPPORTUNITIES: JUNE 3-6, 2024

Exhibit fee .....  \$1,900

Participation fee for Wine Reception (optional) .....  \$ 150

Choice of exhibit spaces in order of preference: \_\_\_\_\_

First Attending Rep's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Second Attending Rep's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Additional representatives are welcome for \$100 each.**

Third Attending Rep's Name \_\_\_\_\_ E-mail \_\_\_\_\_  \$100

Fourth Attending Rep's Name \_\_\_\_\_ E-mail \_\_\_\_\_  \$100

## SPONSORSHIP OPPORTUNITIES

**Increase your visibility with attendees with an unrestricted Platinum or Gold Sponsorship or by sponsoring an event, meal or break!**

*All sponsors receive priority booth placement. Sponsorships are available on a first come first serve basis.*

Platinum Level Sponsor .....  \$5,000

Gold Level Sponsor .....  \$3,500

*Platinum and Gold sponsors receive prime location in exhibit area, recognition on the meeting website, on signage and during announcements.*

Welcome Reception Sponsor .....  \$2,500

Breakfast Sponsor (four available) .....  \$1,000

Morning Refreshment Break Sponsor (three available) .....  \$1,000

*Event sponsors receive recognition on the meeting website, on signage and during announcements.*

Resident Poster Session Sponsor (three available) .....  \$1,000

*Poster session sponsorships cover travel expenses for two residents presenting during the Poster Session. Sponsors receive recognition on the meeting website, on signage and during announcements.*

**Grand Total Due (Exhibit Fee and Sponsorships)..... \$ \_\_\_\_\_**

*See payment information on next page.*

**List competitors not to be located near.**



# 2024 EMerald Coast Conference Exhibitor Registration

Company Name \_\_\_\_\_

## METHOD OF PAYMENT

Check payable to AL-ACEP (Alabama Chapter - American College of Emergency Physicians) with memo for 2024 EMerald Coast Conference

Name on Card: \_\_\_\_\_ E-mail address for receipt: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Your signature acknowledges your understanding that exhibitors assume all responsibilities and agree to protect against all claims, losses and damages to persons or property; and guarantees payment in full as indicated on this form. EMerald Coast Conference, AL-ACEP and the Medical Association of the State of Alabama shall not be held responsible for any claims, losses and/or damages to persons or property. AL-ACEP reserves the right to reject a company or agency as an exhibitor without explanation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

Return signed form (**both pages**) with your payment to Erich Burbage, P.O. Box 1900, Montgomery, AL 36102. Or, to pre-reserve your booth (recommended), fax this form to (334) 269-5200 or e-mail it to [eburbage@alamedical.org](mailto:eburbage@alamedical.org) and note that payment will follow under a separate cover.

**AL-ACEP Tax ID#: 51-0151587**

For office use only.

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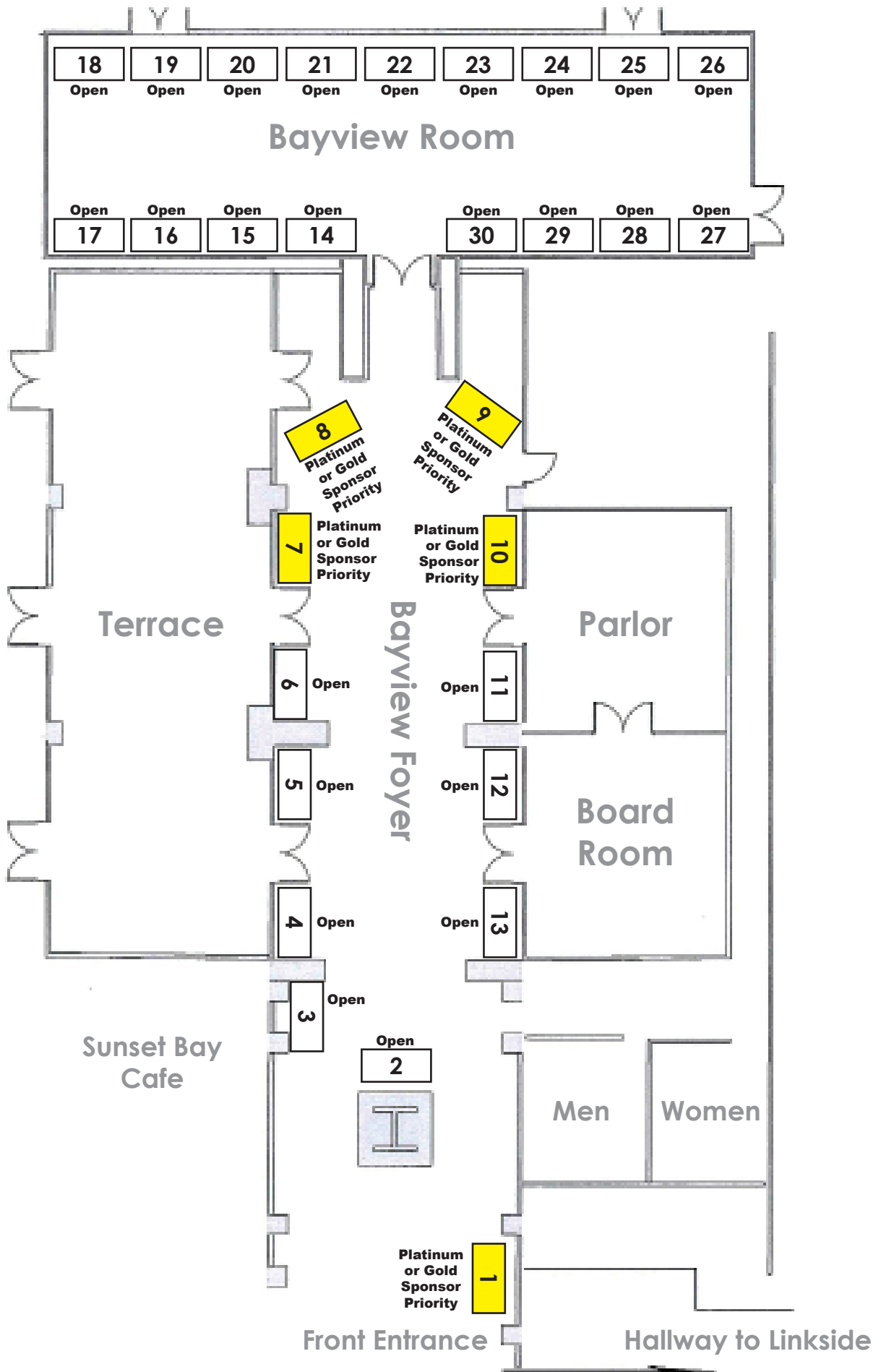
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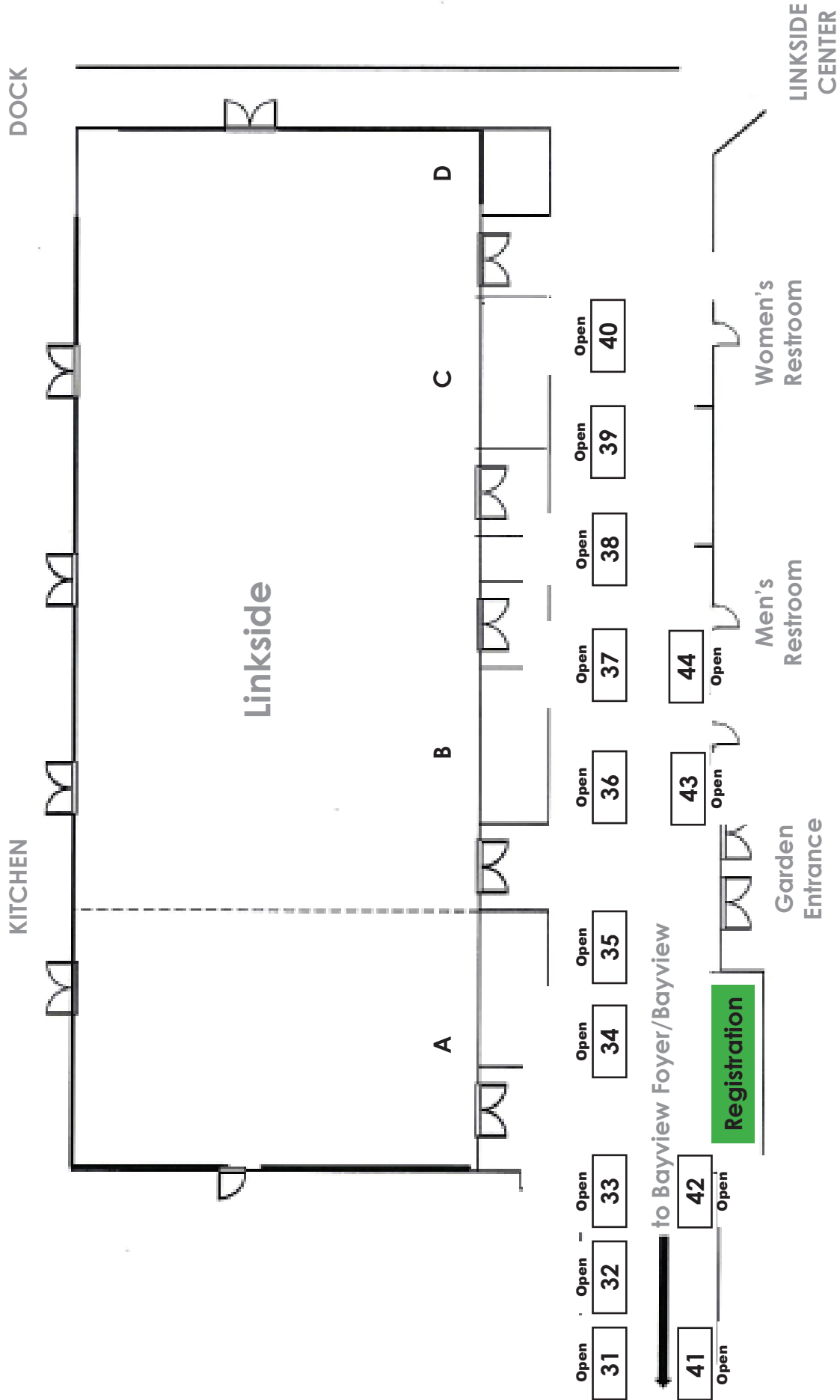
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# Request for Taxpayer Identification Number and Certification

**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.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p><b>Alabama Chapter, American College of Emergency Physicians</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <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) ▶ _____  <b>Note:</b> 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 <b>not</b> 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 checked="" type="checkbox"/> Other (see instructions) ▶ _____             </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <p><b>19 S. Jackson Street</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p> <p><b>Montgomery, AL 36104</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**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.

<b>Social security number</b>									
-				-					
or									
<b>Employer identification number</b>									
5	1	-	0	1	5	1	5	8	7

**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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1/2/21</b>
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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](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.*