

Aloha!

On behalf of the Planning Committee for the 2021 Primary Care Hawaii Conference — *Caring for the Active and Athletic Patient*, thank you for your support.



Conference Location & Dates

The 2021 Primary Care Hawaii Conference will be at the Grand Hyatt Kauai in Hawaii from Monday, August 9, 2021 until Friday August 13, 2021. Exhibitors should plan to arrive no later than Sunday, August 8, 2021. Exhibit Hall set up is on Monday, August 9 from 10:30 a.m. to 12:30 p.m. The conference begins at 12:30 p.m.

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Exhibit Dates & Times

Although the exhibit hall is open throughout the day, please note that traffic will be light while attendees are in session. We do encourage exhibit staff to be readily available, particularly, the hour before sessions begin in the morning, during lunch, and at AM breaks. Newsletters can be a great way to market your product or service, and build your organization’s identity among peers, members, employees, or vendors.

Day	Date	Activity	Exhibit Times
Monday	August 9, 2021	Exhibit Hall (set up only)	10:30 am – 12:30 pm
Monday	August 9, 2021	Exhibit Hall	12:30 – 5:30 pm
Tuesday	August 10, 2021	Exhibit Hall	7:30 am – 12:30 pm
Wednesday	August 11, 2021	Exhibit Hall	12:30 – 5:30 pm
Thursday	August 12, 2021	Exhibit Hall	7:00 am – 12:00 pm
Friday	August 13, 2021	Exhibit Hall	7:00 am – 12:00 pm

Conference Management

This educational event is managed by:
Joseph Federl
Conference Manager
CMX Travel & Meetings
90 Juniper Lane
Pembroke, MA 02359
(ph) 781-829-9696
(fax) 781-735-0558
cmxtravel@cmxtravel.com

Course Description

The Primary Care Hawaii Conference is a unique educational conference for physicians and medical professionals who care for active and athletic patients or who themselves lead such a lifestyle. The curriculum is directed to Family Medicine, Internal Medicine, Pediatrics, Emergency Medicine, PM&R and Orthopedics specialists as well as Physical Therapists, Athletic Trainers, Physicians Assistants, Nurse Practitioners and others who want to earn Continuing Medical Education from leading physician experts who are outstanding speakers.

This conference presents very practical information that medical professionals can use in their practice. Topics include common medical and musculoskeletal problems that affect patients who lead an active lifestyle. The focus will be on providing information that helps diagnose and manage these conditions; so that patients can get moving again and improve their performance. In addition, various topics on healthy lifestyles and personal wellness make this conference a valuable experience for all attendees.

Intended Audience

The curriculum is directed to Family Medicine, Internal Medicine, Pediatrics, Emergency Medicine, PM&R, Orthopedics specialists as well as Physical Therapists, Athletic Trainers, Physicians Assistants, Nurse Practitioners, Exercise Scientists and others who want to earn Continuing Medical Education from leading experts in the field of Primary Care and Sports Medicine.

Expected Attendance

Annual attendance ranges from 125-150+ attendees.

Attendee History

2016 PRIMARY CARE HAWAII CONFERENCE

169 attendees, 91 with Kaiser Permanente
Emergency Medicine=9, Family Practice=66, Internal Medicine=36, Pediatrics=6, Physical medicine=8, Sports Medicine=4, Other specialties=40

2017 PRIMARY CARE HAWAII CONFERENCE

125 Attendees, 55 with Kaiser Permanente

Emergency Medicine=8, Family Practice=38, Internal Medicine=32, Pediatrics=4, Physical medicine=3, Sports Medicine=4, Other specialties=16

2018 Primary Care Hawaii Conference

110 attendees, 66 with Kaiser Permanente

Exhibit Fees & Features

- **2021 Exhibitor - \$4000.00**

Exhibitor Features include:

- Up to five (5) days of exhibit space
- One (1) six-foot table or 8x10 exhibit area
- Display product materials/services in exhibit space (see exhibit times chart)
- Promotion to all prospective and actual attendees via our website, advertising, onsite display and program materials

Exhibitors

- Receive recognition from the Conference Chairman during the program
- Company logo featured on onsite Exhibitor display
- Complimentary attendance to all lectures and access to conference materials
- Complete Conference Attendee list with contact information
- Complimentary breakfast and refreshments
 - For two (2) company representatives
 - Additional representatives at \$250 per person
- Discounted room rates at the Grand Hyatt Kauai, starting at \$354 per night

Optional Lunch/Dinner Presentations

If you would like more time with our attendees, there is the opportunity to host a lunch or dinner with a presentation on your products/services. To learn more, please contact Conference Manager Joe Federl at CMX Travel & Meetings. Please be aware: Hosting an event involves additional administrative and food and beverage costs.

Registration, Travel & Lodging

For information on the conference including the schedule, room rates, and travel information, please visit <http://www.cmxtravel.com/> and select the 2021 Primary Care Hawaii Conference.

Exhibitor Representatives' Registration

It is important that all Exhibitors attending the conference register their company representatives online, at the conference registration website.

- Please visit www.cmxtravel.com
- Select the 2021 Primary Care Hawaii Conference
- Select REGISTER HERE
 - A link is provided to the online registration site
 - Please register under the Exhibitor category

Exhibit Fee Payment

Exhibit fees may be submitted via check or credit card.

Please note our new address

Checks should be made payable to CMX Travel, LLC and mailed to:

CMX Travel, LLC

90 Juniper Lane

Pembroke, MA 02359

Federal Tax ID #81-2624724 (W9 form below)

To submit payment via credit card, please provide the following information:

Amount	\$4000.00	Credit Card Number	_____
Card Type (Visa/MC/AX)	_____	Security Code	_____
Expiration Date	_____		
Name on Card	_____		
Billing Address	_____		
City/State/ZIP	_____	State	_____ ZIP _____

Please include a copy of the Exhibitor Agreement with the information below:

Title of CME Activity:	2021 Primary Care Hawaii—Caring for the Active and Athletic Patient Conference		
Location	Grand Hyatt Kauai, Hawaii		
Date(s)	August 9-13, 2021		
Commercial Supporter (Company name / Branch)	_____		
Exhibit Fee Amount	\$4000.00		
Address	_____		
City, State, ZIP	_____		
Contact name	_____	Telephone	_____
E-mail address	_____		
Names of company representatives who will attend conference	Last Name	First name	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	

Cancellation

Upon receipt of signed Exhibitor Agreement, you commit your company to exhibit at the 2021 Primary Care Hawaii August 9-13, 2021 conference. We regret there are no refunds in the event of cancellation.


Agreed to by:

_____ **Date** _____
Company Representative

 _____ **Date** **11/13/2020**
Joseph Federl, Conference Manager CMX Travel & Meetings

Thank you for your support of the 2021 Primary Care Hawaii Conference. If you have any questions, or if we can be of further assistance, please do not hesitate to ask.

Mahalo,


 Joseph Federl
 Conference Manager
 Primary Care Hawaii - Caring for the Active and Athletic Patient Conference
 CMX Travel & Meetings

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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. Joseph F Federl	
2 Business name/disregarded entity name, if different from above CMX Travel, LLC	
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 checked="" 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) ▶ _____ <small>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.</small> <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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 90 Juniper Lane	Requester's name and address (optional)
6 City, state, and ZIP code Pembroke, MA 02359	
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									
8	1	-	2	6	2	4	7	2	4

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 ▶ 12/12/2018

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.