



A Webb Roberts Center for Continuing Medical Education  
Baylor Scott & White Health  
2401 South 31st Street, MS-26-A443  
Temple, TX 76508  
254-724-7609  
CE.BSWHealth.com

Dear Prospective Exhibitor:

RE: 2025 Advanced Heart and Lung Disease Symposia

Plans are rapidly moving forward for the 2025 Advanced Heart and Lung Disease Symposia to be held February 8, 2025, at The Westin Dallas Galleria, 13340 Dallas Parkway, Dallas, TX, 75240. **The A. Webb Roberts Center for Continuing Medical Education of Baylor Scott & White Health** would like to extend an invitation for you to exhibit during this year's conference.

Please visit the 2025 Advanced Heart and Lung Disease Symposia website at [CE.BSWHealth.com/2025HeartandLung](https://CE.BSWHealth.com/2025HeartandLung) for full program information including exhibitor information.

**Symposia Notes:**

- The symposia will be open to all physicians, physician assistants, nurse practitioners, nurses, respiratory therapists, pharmacists, and other interested healthcare providers.
  - We anticipate 250 for participant attendance.
- Registration is open to all companies interested in exhibiting at this activity.
- The exhibit space is separate from the area where the education is being delivered.
- Exhibit times are 7:00 am – 4:45.

Our Federal Tax ID number is **46-3131350**. Please make check payable to **Baylor Scott & White Health- A. Webb Roberts Center** and mail to the address below:

Attn: Diana McGill  
A. Webb Roberts Center for Continuing Medical Education  
Baylor Scott & White Health  
MS-26-A229  
2401 S 31<sup>st</sup> Street  
Temple, TX 76508  
**Email:** [diana.mcgill@bswhealth.org](mailto:diana.mcgill@bswhealth.org)

To reserve your exhibit space, please complete registration and payment online at [CE.BSWHealth.com/ExhibitReg-2025AdvHeartLungDisease](https://CE.BSWHealth.com/ExhibitReg-2025AdvHeartLungDisease). For questions, please contact [diana.mcgill@bswhealth.org](mailto:diana.mcgill@bswhealth.org).

Sincerely,

*Diana McGill | Susan Mraz*

Diana McGill/Susan Mraz  
The A. Webb Roberts Center for CME  
Baylor University Medical Center  
MS-26-A443  
2401 S 31<sup>st</sup> Street  
Temple, TX 76508  
[254-231-6613](tel:254-231-6613)

# 2025 Advanced Heart and Lung Disease Symposia

## February 8, 2025

| Advanced Heart Failure Symposium  |       | Pulmonary and Critical Care Symposium   |
|---|-------|---|
| Session 1 Chronic Heart Failure Management<br>Dr. Tim Gong (Moderator)    |       | Session 1   |
| Registration and Breakfast  | 7:00  | Registration, Breakfast and Exhibits  |
| Welcome and Opening Remarks - Dr. Shelley Hall                            | 7:50  | Welcome and Opening Remarks   |
| Obesity in Heart Failure - Dr. Brian Hsi                                  | 8:00  | Airway Disease: Biologic Therapies for Asthma: When and Which to Choose?<br>Dr. Mark Millard  |
| Cardiovascular Disease and Pregnancy - Dr. Jessica Meyer                  | 8:25  |   |
| Hyponatremia Management - Dr. Melody Sherwood                             | 8:50  |   |
|   | 8:45  | Treating Interstitial Lung Diseases in 2025 - Dr. Yolanda Mageto                              |
| Expert Panel Discussion   | 9:15  |   |
| Break and Exhibits  | 9:45  | Morning Break and Exhibits  |
| Session 2 New Heart Failure Advances<br>Dr. Melody Sherwood (Moderator)   |       | Session 2   |
| GDMT Titration Programs - Sandra Carey, NP, PhD                           | 10:15 | Pulmonary Hypertension: Changes in Guidelines and Treatment - Dr. Chetan Naik                 |
| Topic TBD - Dr. Farah AlSaffar  | 10:40 |   |
|   | 11:00 | Lung Transplantation: When to refer and how evaluation and listing work -<br>Dr. Todd Grazia  |
| Diabetic Cardiomyopathy - Dr. Tim Gong                                    | 11:05 |   |
| Expert Panel Discussion   | 11:30 |   |
| Lunch   | 12:00 | Lunch   |
| Session 3 Device Therapies<br>Dr. Cesar Guerrero (Moderator)              |       | Session 3   |
| The Forgotten HF Patient: Stage C2D - Dr. Shelley Hall                    | 1:00  | Lung Nodule Management in 2025/ Updates in Interventional Pulmonology -<br>Dr. Abhishek Kumar |
| New Devices on the Horizon - Dr. Aasim Afzal                              | 1:30  |   |
| Durable LVADS: Starting to Compete with Transplant - Dr. Katherine Fettes | 2:00  | ECMO: When and How? Dr. Katherine Vandervest  |
| Expert Panel Discussion   | 2:20  |   |
| Break and Exhibits  | 2:45  | Break and Exhibits  |
| Session 4 Cardiogenic Shock<br>Dr. Shelley Hall (Moderator)               |       | Session 4   |
| Phenotyping to Improve Shock Outcomes - Dr. Jaime Hernandez-Montfort      | 3:15  | Advancements and Controversies in ARDS Management in the Post-COVID<br>Era - Dr. Adam Hayek   |
| Managing the Failing Right Ventricle - Dr. Cesar Guerrero Miranda         | 3:45  |   |
|   | 4:00  | Pulmonary Embolism Updates: Acute and Post-Acute Management - Dr.<br>Mohammed Mogri           |
| Expert Panel Discussion   | 4:15  |   |
| Closing Remarks and Adjourn   | 4:45  | Closing Remarks and Adjourn   |

This Symposia will include two tracks of education. This education is designed to increase the participant's knowledge and provide strategies for current advances in the diagnosis and management of heart and lung diseases.

The directors and planners for the Advanced Heart Failure Symposium welcome registration and support for sponsor and exhibitors.

Exhibit times will be from 7:00 a.m. – 4:45 p.m.

### EXHIBIT LEVELS:

Platinum - \$7000

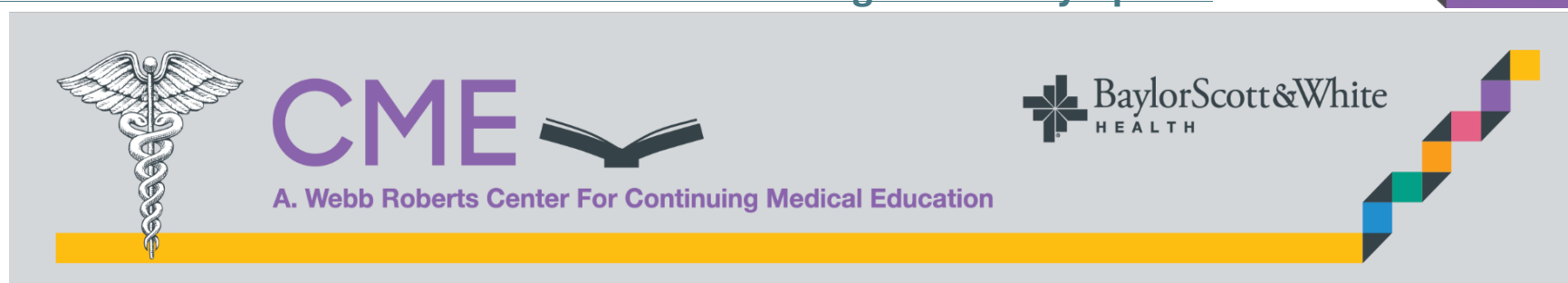
Gold - \$5000

Silver - \$3500

Bronze - \$2500



### EXHIBIT REGISTRATION: 2025 Advanced Heart and Lung Disease Symposia



## Sponsor/Exhibit Terms

| TERMS  | Platinum<br>\$7000 | Gold<br>\$5000 | Silver<br>\$3500 | Bronze<br>\$2500 |
|--|--------------------|----------------|------------------|------------------|
| Symposium Sponsor listing/logo on printed signage (if sponsorship is in place prior to printing)                                 | Logo (XL)          | Logo (L)       | -                | -                |
| Premier placement of sponsor name/logo on printed and digital symposium materials (if sponsorship is in place prior to printing) | Logo (XL)          | Logo (L)       | -                | -                |
| Sponsor recognition (if sponsorship is in place prior to printing)<br>Acknowledgement of sponsor print flyer                     | Logo (XL)          | Logo (L)       | Name (M)         | Name (S)         |
| Exhibitor Space: one 6' x 3' draped Booth/Table  | X                  | X              | X                | X                |
| Access to online invitations/brochures   | X                  | X              | X                | X                |
| Company acknowledgement on sponsorship materials (if sponsorship is in place prior to printing)                                  | X                  | X              | -                | -                |
| Acknowledgement during and intermission slides during breaks   | Logo (XL)          | Logo (L)       | Name (M)         | Name (S)         |
| Acknowledgement on conference course materials website   | Logo (XL)          | Logo (L)       | Name (M)         | Name (S)         |

### EXHIBIT SPACE SPECIFICATIONS

Exhibit booths measure 6'x3', equipped with a floor-length drape. Additionally, each booth includes an 8.5"x 11" uniform sign displaying the booth number(s) and the exhibitor's name. Exhibitors are responsible for supplementary rental equipment, which must comply with the Westin Dallas Downtown Hotel requirements. Any equipment beyond table-top items and standard free-standing signage must be disclosed and approved before executing the exhibitor contract.

### LIABILITY AND DAMAGES:

The A. Webb Roberts Center for Continuing Medical Education of Baylor Scott & White Health is not liable for injuries resulting from sponsor negligence. Exhibitors assume full responsibility and liability for damages caused by gross negligence or willful misconduct, either by themselves or their agents. In case of guideline violations or facility damage, the responsible party will incur repair costs along with a \$500 corrective action fee.

### CANCELLATION:

Due to the nature of the exhibitor benefits offered, cancellations will not be accepted.

### ACCME STANDARDS FOR INTEGRITY AND INDEPENDENCE:

AWRC adheres to ACCME Standards for Independence in continuing education. Please review the standards [here](#).

# Exhibitor Registration Process

Visit: <https://ce.bswhealth.com/ExhibitReg-2024AdvHeartLungDisease>

## PROFILE/ACCOUNT CREATION REQUIRED FOR EXHIBIT REGISTRATION/PAYMENT

| I HAVE AN ACCOUNT   | I DO NOT HAVE AN ACCOUNT  |
|---|---|
| <p><b>Sign in to your account.</b></p> <ul style="list-style-type: none"><li>• Select "Visitor login" in gray box at the top of this page,</li><li>• Select "VISITOR LOGIN" in right column,</li><li>• Enter Username/Password and click "LOG IN"</li></ul> | <p><b>Create a New User Profile/Account</b></p> <ul style="list-style-type: none"><li>• Visitors: <a href="#">Non-Baylor Scott &amp; White (BSWH) Employees or Affiliates</a></li><li>• Complete the required fields to create a new account,</li><li>• Return to this window to complete registration.</li></ul> |

## EXHIBITOR REGISTRATION PROCESS

- Access
  - "Begin" in the "Course Summary" block on the right side of this page.
  - OR "Register" tab and then "Begin."
- Complete Exhibitor Agreement
- Payment
  - CC online
  - ACH transfer
  - Other ([contact Diana.McGill@BSWHealth.org](mailto:Diana.McGill@BSWHealth.org))
- Return to website to complete payment confirmation.
- CME team approval of application to exhibit.

## SPECIAL NEEDS:

Please notify CME Department in writing of any special needs/accommodations during registration or at least two weeks prior to conference date by emailing: [CE@BSWHealth.org](mailto:CE@BSWHealth.org)

[2025 Advanced Heart and Lung Symposia](#) website

## Incoming ACH/Wire Instructions for Baylor Scott & White Health

|                           |  |
|---------------------------|--|
| <b>Bank Name</b>          | Bank of America, Texas<br>901 Main Street<br>Dallas, Texas 75202 |
| <b>ABA/Routing</b>        | 026009593 (wire) 111000025 (ACH)                                 |
| <b>SWIFT Code</b>         | BOFAUS3N (foreign wires)   |
| <b>Account Name</b>       | Baylor Scott & White Health                                      |
| <b>Account Number</b>     | 488038441415   |
| <b>Bank Contact Name</b>  | Taryn Hart   |
| <b>Bank Contact Phone</b> | (214) 209-1825   |
| <b>BSWH Contact Name</b>  | Kimberly Hughling  |
| <b>BSWH Contact Phone</b> | (254) 215-9280   |

**SPECIAL NOTE:** Include in your addenda or reference line the following text "CME Conference" and email confirmation of the payment to [cme@bswhealth.org](mailto:cme@bswhealth.org).

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

|  |   |  |  |
|--|---|--|--|
| <b>Print or type.<br/>See Specific Instructions on page 3.</b> | <b>1</b> 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.)<br><br>Baylor Scott & White Health   |  |  |
|  | <b>2</b> Business name/disregarded entity name, if different from above.  |  |  |
|  | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><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<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____<br><b>Note:</b> 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.<br><input checked="" type="checkbox"/> Other (see instructions) <u>Nonprofit Corporation - IRC Section 501(c)(3)</u> |  |  |
|  | <b>3b</b> 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"/>   |  |  |
|  | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) <u>1</u><br><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the United States.)</i>  |  |  |
|  | <b>5</b> Address (number, street, and apt. or suite no.). See instructions.<br><br>301 N. Washington Avenue   | <b>Requester's name and address (optional)</b> |  |
|  | <b>6</b> City, state, and ZIP code<br><br>Dallas, TX 75246  |  |  |
| <b>7</b> 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.

|                                       |   |  |   |   |   |   |   |   |   |   |
|---------------------------------------|---|--|---|---|---|---|---|---|---|---|
| <b>Social security number</b>         |   |  |   |   |   |   |   |   |   |   |
|                                       |   |  |   |   |   |   |   |   |   |   |
| <b>OR</b>                             |   |  |   |   |   |   |   |   |   |   |
| <b>Employer identification number</b> |   |  |   |   |   |   |   |   |   |   |
| 4                                     | 6 |  | - | 3 | 1 | 3 | 1 | 3 | 5 | 0 |

**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.

|                  |   |                     |
|------------------|---|---------------------|
| <b>Sign Here</b> | Signature of U.S. person <i>Lore Norton</i> | Date <u>6/13/24</u> |
|------------------|---|---------------------|

## 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).

## 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