Brigham and Women’s Hospital and Harvard Medical School will be hosting the 6th annual Healthcare Quality and Safety Conference, November 6-7, 2019 at the Wyndham Boston Beacon Hill Hotel on 5 Blossom Street in Boston, Massachusetts 02114. This conference is a CME, CNE and ACPE accredited educational program for up to 12.5 credits.

We are offering the opportunity to reserve exhibitor tables which provide a professional atmosphere for information exchange between exhibitors and conference attendees.

This course will provide interactive lectures for multidisciplinary healthcare professionals on strategies to optimize quality, safety and performance improvement outcomes, assure medication safety and regulatory compliance, reduce readmissions, hospital-acquired conditions and medical errors.

Our conference attracts a broad range of professionals, including: Healthcare Executives, Physicians, Nurses, Pharmacists, Directors of Quality and Patient Safety, Risk Managers, Administrators, Policymakers, Regulators, and Trainees.

Exhibit tables are likely to sell out so please email bwhqualityconference@partners.org as soon as possible to reserve.

We hope to see you at this special 2-day educational event!

Sincerely,

Catherine Ulbricht

Exhibitor deliveries can be shipped directly and stored for up to 1 week before November 6th.

Please note: UPS picks up daily, FedEx shipments at the end of the conference will have to be called in by the sender.

Shipping address:

Wyndham Boston Beacon Hill
Attn: Lauren Bowker
5 Blossom Street
Boston MA 02114
(617) 239-2404
lbowker@wyndham.com
6th Annual
Healthcare Quality and Safety Conference
November 6-7, 2019 at the Wyndham Boston Hotel

This special two day event provides healthcare quality, safety, risk management, regulatory, and compliance professionals with state-of-the-art strategies for process improvement. We welcome educational grant sponsors and exhibitors.

Opportunities
- Learn best practices from world-class institutions
- Earn up to 12.5 Continuing Education Credits
- Network with healthcare industry leaders and decision-makers
- Meet prospective new clients

Register on quality.bwh.harvard.edu
**Attendance**
- An average of 250 multidisciplinary participants attend the conference
- Exhibitor tables available to reserve

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**% of Attendees by Region 2018**
- International: 3%
- Midwest: 1%
- Northeast: 5%
- West: 12%
- Southeast: 3%
- South: 76%

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**% of Attendees by Profession 2018**
- Administrator: 42%
- Consultant: 1%
- Educator: 1%
- Employee of Industry: 9%
- Nurse Practitioner: 8%
- Nurses: 19%
- Other: 10%
- Pharmacist: 7%
- Physicians: 1%
- Researcher: 1%
- Student: 2%

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**Exhibitor Package**
- Excellent networking opportunities
- One 3’x6’ table with tablecloth and two chairs
- Badge access to full 2-day event including presentations, meals, networking reception
- WIFI access included
- Discounted hotel and parking rates available

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**Exhibit Fees**
**Non-profit fee:**
- $1995 per table for 2 badges
- $1500 per table for 1 badge

**For profit fee:**
- $2495 per table for 2 badges
- $2000 per table for 1 badge

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**Previous Exhibitors**
- Allergan
- Amgen
- ABQAURP
- AONE
- AstraZeneca
- Astellas
- Baxalta/Shire
- CutisPharma
- EarlySense
- Ivenix
- LaJolla
- Mallinckrodt
- Mead Johnson Nutrition
- Medtronic
- Merck
- NAHQ
- NPSF
- Novo Nordisk
- OpLogix
- Pfizer
- Polyglot
- Portola
- Relypsa
- RL Solutions
- Sanofi Pasteur
- Silvergate
- Southmedic
- Spectrum Pharma
- Stryker
- Supernus
- Wellsense
- Xenex

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**Register on quality.bwh.harvard.edu**
# Harvard Medical School Postgraduate Medical Education

## AGREEMENT FOR EXHIBITORS AT CME ACTIVITIES

<table>
<thead>
<tr>
<th>CME ACTIVITY</th>
<th>HMS Course #:</th>
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<tbody>
<tr>
<td>Healthcare Quality and Safety Conference</td>
<td>734690-2001</td>
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<table>
<thead>
<tr>
<th>Activity Date(s):</th>
<th>Location:</th>
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<tbody>
<tr>
<td>November 6-7, 2019</td>
<td>Wyndham Boston Hotel</td>
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<thead>
<tr>
<th>SPONSORING HOSPITAL</th>
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<tbody>
<tr>
<td>Hospital (&quot;Hospital&quot;):</td>
<td>Department:</td>
</tr>
<tr>
<td>Brigham and Women's Hospital</td>
<td>Department of Quality and Safety</td>
</tr>
<tr>
<td>Address:</td>
<td>Phone:</td>
</tr>
<tr>
<td>1620 Tremont Street, OBC 2nd Floor</td>
<td>617-732-5513</td>
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<table>
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<tr>
<th>CME Course Director:</th>
<th>Email:</th>
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<tbody>
<tr>
<td>David Bates, MD; Ramin Khorasani, MD, MPH</td>
<td><a href="mailto:BWHqualityconference@partners.org">BWHqualityconference@partners.org</a></td>
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<thead>
<tr>
<th>COMPANY</th>
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<tbody>
<tr>
<td>Company Exhibiting (&quot;Company&quot;):</td>
<td></td>
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<tr>
<td>Address:</td>
<td>Phone:</td>
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<td></td>
<td></td>
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<tr>
<td>Contact Name:</td>
<td>Email:</td>
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## EXHIBIT FEE

<table>
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<tr>
<th>Exhibit Rate per day:</th>
<th>$N/A</th>
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<table>
<thead>
<tr>
<th>Number of Days Exhibiting:</th>
<th>2 Day(s)</th>
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TOTAL EXHIBIT FEE: $\

Company agrees to remit the Exhibit Fee to Harvard Medical School:

Check Payments to HMS:
Make payable to: President and Fellows of Harvard College
Send check to:
Attn: Commercial Support
P.O. Box 825, Boston, MA 02117-0825

Electronic Payments to HMS:
Please reach out to cmecommercialsupport@hms.harvard.edu with this completed LOA.

President and Fellows of Harvard College acting through Harvard Medical School Department of Continuing Education ("Harvard Medical School") is an accredited CME provider committed to presenting and facilitating CME activities that promote improvements and quality in healthcare and are independent of the control of commercial interests. As part of this commitment, Harvard Medical School has outlined in this agreement ("Agreement") the terms, conditions, and purposes of exhibitors at this CME Activity.
Terms, Conditions, and Purposes

This Agreement is to acknowledge that Harvard Medical School will receive the Exhibit Fee from the Company as payment for authorization to exhibit at the Activity.

The Company agrees to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support and the Harvard Medical School (HMS) Policy on Commercial Support, as well as the FDA Policy Statement on Industry Supported Scientific and Educational Activities and all applicable federal and state laws, regulations and policies. For activities taking place in Massachusetts, the Company also agrees to abide by applicable Massachusetts Regulations. The Company must meet the written standards of the “Code on Interactions with Healthcare Professionals,” Pharmaceutical Research and Manufacturers of America, January 1, 2009, and/or the “Code of Ethics on Interactions with Health Care Professionals,” Advanced Medical Technology Association, July 1, 2009.

Without limiting the foregoing, Company expressly agrees to comply with the following ACCME Standard:

STANDARD 4. Appropriate Management of Associated Commercial Promotion

4.1 Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CME activities.

4.2 Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CME.

- For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CME activity. Providers cannot allow representations of Commercial Interests to engage in sales or promotional activities while in the space or place of the CME activity.

Harvard Medical School accepts Company’s Exhibit Fee payment for authorization to exhibit at the Activity subject to the foregoing and the following conditions and policies:

1. The Company may not engage in sales, promotional activities (including, but not limited to, presentations, posing questions, or otherwise contributing to or influencing the academic discourse), or distribute product-specific advertisements while in the designated location of the Activity either before, during, or after the Activity.

2. The Company may not distribute “in kind” or tangible “complimentary” promotional materials such as pens, coffee mugs, gift cards, etc. to Activity faculty or attendees either directly or indirectly. Distribution of pharmaceuticals or other samples is likewise prohibited.

3. Consistent with the foregoing, exhibits must be in a room or rooms separate from the educational space and from the area, corridor or path providing access to the educational space (the “obligate path”).

4. Acceptance of the Exhibit Fee does not constitute real or implied endorsement of the Company and the Company shall not state or imply that Harvard Medical School or the Hospital has endorsed the Company or its products. Without limiting the foregoing, the Company shall not use any name or logo or other trademark of Harvard Medical School or the Hospital for any promotional or publicity purpose except with the prior written consent of Harvard Medical School or the Hospital as the case may be.

5. Exhibit reservations may be cancelled if written notification is received by Harvard Medical School, or hospital, at least ten (10) business days prior to the start of the Activity. In the event of a cancellation, the Exhibit Fee will be refunded. There will be no refunds for cancellations that are received less than ten (10) business days prior to the start of the Activity.

6. Harvard Medical School shall have no responsibility for Company’s arrangements with the proprietor of the exhibit space.

Any actions or omissions that are not in accordance with the above stated conditions and policies may result in the exclusion of the Company and its representatives from the conference site, in which case no refund of the Exhibit Fee will be permitted.

This agreement must be signed by all parties prior to the start of the Activity.

By signing this Agreement, the Company agrees that it shall not assert any claims against Harvard Medical School, the Hospital and their respective employees and affiliates, and that they shall have no responsibility for, any liability, loss, damages, or costs (including attorneys’ fees) that Company may incur as a result of Company exhibiting at the Activity. Company acknowledges that the preceding sentence shall apply, without limitation, to the loss, damage, or theft of any equipment or materials Company brings to the Activity site as well as injuries that any of Company’s employees or agents may incur.
AGREED BY AUTHORIZED REPRESENTATIVES

CME COURSE DIRECTOR

<table>
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<tr>
<th>Signature</th>
<th>Date</th>
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Print Name

Title and Hospital Affiliation

HARVARD MEDICAL SCHOOL

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<th>Signature</th>
<th>Date</th>
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Print Name

Title

COMPANY

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<tr>
<th>Signature</th>
<th>Date</th>
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Print Name

Title
Request for Taxpayer Identification Number and Certification

1. Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.
   President and Fellows of Harvard College

2. Business name/disregarded entity name, if different from above
   Harvard Medical School, Office for External Education

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, S, or Partnerships) below.
   - 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 disregarded 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 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.

4. Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting codes (if any)

5. Other (see instructions)
   501(c)3 Corporation

6. Address (number, street, and apt. or suite no.) See Instructions.
   Blackfan Circle 4th Floor
   Boston MA 02115

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

Employer identification number

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 8-5-19

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-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-A (canceled debt)
- Form 1098-C (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.
Billing and Payment Options and Procedures

For additional information regarding your charges, please contact the invoicing department directly. Department telephone numbers are provided on your Invoice or Statement of Account.

Please email correspondence, sign up for e-invoices & e-statements, and change of address to: ar_customers@harvard.edu

Payment Options

Remit payment in US funds drawn on a US bank. Do not mail cash.

**To pay by Check:**

Please make your check payable to Harvard University and mail it with your remittance stub to:

Harvard University  
Central Accounts Receivable  
P.O. Box 4999  
Boston, MA 02212-4999 USA

**To pay by Credit Card or ACH:**

**NEW** Please visit: https://ARPortal.huit.harvard.edu

If you need assistance with your payment, please call Central Accounts Receivable at 617-495-3787, Monday to Friday from 8:00am-4:30pm ET.

**To pay by EFT:**

Please provide the following remittance information to the issuing bank:

Bank Name: Bank of America  
Bank Address: 100 Federal Street, Boston, Massachusetts, U.S.A. 02110 USA  
Bank ABA: See below  
Account Number: 2227-0003  
Account Name: President and Fellows of Harvard College  
Memo: Invoice and/or customer account number is necessary for proper payment application.

Include one of the following:

Bank ABA #:  
ACHI Payments - 011000138  
Wire Payments - 026009593  
International SWIFT code - BOFAUS3N

Duns#: 135026651 (for invoices billed through Harvard University, Central Accounts Receivable office only)

Notice of Important Rights

Per the Massachusetts Debt Collection Regulations.

"You have the right to make a written or verbal request that telephone calls regarding your debt not to be made to you at your place of employment. Any such oral request will be valid only for (10) days unless you provide written confirmation of the request postmarked or delivered within (7) days of such request. You may terminate this request by writing to the creditor."