

2ND SEMIANNUAL PULMONARY, CRITICAL CARE AND SLEEP MEDICINE SYMPOSIUM

APRIL 9, 2026

SSM HEALTH SAINT LOUIS UNIVERSITY
HOSPITAL
THE THOMPSON CONFERENCE CENTER

PROSPECTUS

February 16, 2026

RE: 2nd Semiannual Pulmonary, Critical Care and Sleep Medicine Symposium

Greetings:

Thank you for your support in our educational activities. In 2026 we are excited to extend to you the opportunity to elevate your visibility and engagement with regional health care providers by purchasing a display space for our vendor expo at our upcoming continuing medical education symposium "*2nd Semiannual Pulmonary Critical Care and Sleep Medicine Symposium*". This event will take place on Thursday April 9, 2026, at the SSM Health Saint Louis University Hospital, conference center. We would like to offer you the opportunity to exhibit.

The Exhibitor level which includes the cost of the display space (\$2,000), a 6' x 3' display table, free registration for two representatives to attend the program, as well as company logo on signage for exhibitors. Display times for this event are 5:20 p.m. – 8:15 p.m. Detailed information and logistics will be provided closer to the event. Other companies have been invited to exhibit. Please see the attached program agenda and description for more details.

This program will consist of discussing diagnosis and the treatment of pulmonary embolism, ARDS, VV-ECMO, and ultrasound use in the setting of shock. It is open to all healthcare providers in any sub-specialty including pulmonology, cardiology, hematology, and critical care medicine. We anticipate that we will have approximately 80 - 120 participants at this program. We will market the program to the Greater St. Louis region and all of Missouri. This activity has been approved for 2.00 AMA Category 1 Credits.TM

If interested in this opportunity, you will need to visit the registration website: <https://slu.cloud-cme.com/course/courseoverview?P=0&EID=19795>, select the "Exhibitor" Tab and follow the instructions in the letter.

Our tax identification number is 43-0654872.

Thank you again for your support. If we can provide any additional information, please do not hesitate to reach out.

Sincerely,

Abigail Go, DO

Abigail Go, DO
Assistant Professor, Department of Internal Medicine
Division of Pulmonary, Critical Care and Sleep Medicine
Saint Louis University School of Medicine

2ND SEMIANNUAL PULMONARY, CRITICAL CARE AND SLEEP MEDICINE SYMPOSIUM



SPEAKERS



Guy Reed, MD, MS

Dean Emeritus, Professor of Internal Medicine
University of Arizona College of Medicine Phoenix



**Enyo
Ablordeppey, MD,
MPH, FACEP, FCCM**

Associate Professor of Anesthesiology and Emergency Medicine;
Associate Ultrasound Division Director, Research & Innovation (EM)
WashU Medicine



**Bram Rochwerg,
MD, MSc (Epi),
FRCPC, FCCM**

Associate Professor, Health Research Methods, Evidence, and Impact
McMaster University



Nida Qadir, MD

Associate Professor of Medicine, Associate Director of the Medical Intensive Care Unit
Ronald Reagan UCLA Medical Center

Join us for the **2nd Semiannual Pulmonary and Critical Care Symposium!**

We will be discussing diagnosis and treatment of pulmonary embolism, ARDS, VV-ECMO, and shock. It is open to all physicians and healthcare providers in any subspecialty including pulmonology, cardiology, hematology, and critical care medicine.

COURSE DIRECTORS

Abigail Go, DO

Setu Patolia, MD, MPH



Thursday, April 9, 2026
5:20 p.m. – 8:20 p.m.



SSM Health Saint Louis University Hospital
Thompson Conference Center – Conference Rooms A/B/C
1201 S. Grand Blvd.
St. Louis, MO 63104

Register Now

[https://slu.cloud-
cme.com/course/courseoverview?P=0&EID=19795](https://slu.cloud-cme.com/course/courseoverview?P=0&EID=19795)



2ND SEMIANNUAL PULMONARY, CRITICAL CARE AND SLEEP MEDICINE SYMPOSIUM

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AGENDA

- **5:20pm:** Reception, vendors
- **5:50pm:** Opening Remarks - **Dr. Ravi Nayak**

Session 1: Moderator - Dr. Ghassan Kamel

- **6:00pm:** Topic - Management of Pulmonary Embolism
- **6:25pm:** Topic - Ultrasound Use in Shock
- **6:50pm:** Q&A
- **7:00pm:** Break

Session 2: Moderator - Dr. Keith Ferguson

- **7:15pm:** Topic - Acute Respiratory Distress Syndrome (ARDS)
- **7:40pm:** Topic - Veno-Venous Extracorporeal Membrane Oxygenation (VV-ECMO)
- **8:05pm:** Q&A
- **8:20pm:** Adjourn

Registration

To register, please visit the [2nd Semiannual Pulmonary, Critical Care and Sleep Medicine Symposium](#) and click on the Exhibitor tab. Follow the guided steps to register. Once registered, you will receive an exhibit contract to be signed.

Payment Information

Payments can be made online, check or by ACH.

Online

To make your payment online, follow the registration step above and at the end of registration, there will be an option to pay by credit card. All major credit cards are accepted.

By check or ACH

To pay by check or ACH, please follow the registration step above and at the end of registration, select pay by check. Checks should be made payable to the Saint Louis University School of Medicine. Memo should state CME Office.

If an invoice is needed to issue a check or ACH payment, please email the CME office, cme@health.slu.edu.

Our tax ID # is 43-0654872

Checks can be sent by regular mail or by FedEx.

Saint Louis University CME Office

Attn: Amanda Sain
3556 Caroline Mall, C208
St. Louis, MO 63104

Exhibit Rules and Regulations

ACCME Guidelines

No materials promoting the goods and/or services of a commercial entity shall be displayed or distributed in the same room immediately before, during or after an educational activity that is accredited.

Representatives of commercial companies may attend an educational activity but may not engage in sales activities while in the room where the educational activity takes place.

Saint Louis University School of Medicine

We will not share participant names and information in respect of participant privacy. If you wish to have participant information, you may have a sign-in at your table to gather names and contact information.

W-9Form
(Rev. March 2024)Department of the Treasury
Internal Revenue Service**Request for Taxpayer
Identification Number and Certification**Go to 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.Print or type.
See *Specific Instructions* on page 3.

1 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.) St. Louis University	2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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 <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . Note: 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. <input checked="" type="checkbox"/> Other (see instructions) 501 (c)(3)		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 1 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) A
3b 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 . . .		(Applies to accounts maintained outside the United States.)
5 Address (number, street, and apt. or suite no.). See instructions. 3545 Lindell Blvd, 3rd Floor	Requester's name and address (optional)	
6 City, state, and ZIP code St. Louis, MO 63103		
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

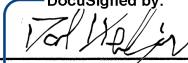
Employer identification number									
4	3	-	0	6	5	4	8	7	2

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  7C96148CA5C549E...	Date	Jan 7, 2026 9:03:04 CST
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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.

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