

4TH ANNUAL MIDWEST METABOLIC CLINICAL SYMPOSIUM

APRIL 11-12, 2026

SLU EDUCATION UNION

PROSPECTUS



SAINT LOUIS
UNIVERSITY

EST. 1818

February 10, 2026

Department of Internal Medicine
Division of Gastroenterology
and Hepatology
SLUCare Academic Pavilion
1008 S. Spring Avenue
St. Louis, MO 63110
Phone: 314-977-2140
Fax: 314-977-1660

Greetings,

We would like to offer you the opportunity to purchase display space at our upcoming *Fourth Annual Midwest Metabolic Clinical Symposium*. The event will take place on Saturday, April 11, 2026 through Sunday, April 12, 2026, at the SLU Education Union Bldg., 1312 Carr Lane Ave, Saint Louis. Detailed information and logistics will be provided closer to the event. Other companies have been invited to exhibit. Please see the attached agenda for more details.

We are marketing this program to gastroenterologists, hepatologists, internists, family practice physicians and primary care physicians, surgeons, pathologists, cardiologists, endocrinologists, oncologists, pediatricians, neurologists, OBGYNs, GI subspecialty residents, internal medicine residents, nurse practitioners, physician's assistants, and registered nurses. This symposium will be held in a hybrid format with both in-person and virtual attendees; we anticipate a total of 150 participants. The program will be promoted both at regional (to include Missouri, Kansas, Illinois, Kentucky, Indiana, and Arkansas) and international scale. Saint Louis University School of Medicine designates this live activity for a maximum of 11.5 *AMA PRA Category 1 Credits*™.

We would like to offer you a unique selection of sponsorship tiers as well as additional sponsorship opportunities to choose from. The online registration page outlines the advantages of each to help you decide which fits your company's needs the best., you will need to visit the registration website <https://slu.cloud-cme.com/course/courseoverview?P=0&EID=19796> 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 I can provide any additional information, please do not hesitate to contact me.

Sincerely,
Paula Zdanowicz DVM, MPH
Education Manager

Wing-Kin Syn, M.D., Ph.D., Division Director, M.D., Uchenna Agbim, M.D., Alex S. Befeler, M.D., Shirley M. Campbell, FNP B.C., Antonio Cheesman Rocca, M.D., Michelle Coke-Attewell, APP, Jason Coombes, Ph.D., Hany Elbeshbeshy, M.D., Xiaofeng Fan, M.D., Ph.D., Adam D. Farmer, M.D., Ph.D., Alexa Fider-Whyte, M.M.S., PA-C, Lewis Frey, Ph.D., Mike Giacaman, M.D., Christine Y. Hachem, M.D., Marina Kim, D.O., Mary Magee, MMS, PA-C, Tarek Nammour, M.D., Wissam Kiwan, M.D., Jennifer L. Palagiri, M.D., Kamran Qureshi, M.D., Manar Shmais, M.D., Brent A. Tetri, M.D., Ju-Yeon Cho, M.D., Ph.D., Faisal Bukeirat, M.D., Deven V Parmar M.D., Naim Alkhouri, M.D., Joel Riley, M.D., Giao Vuong, M.D.

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SAINT LOUIS UNIVERSITY EDUCATION UNION | ST. LOUIS, MO

Please note that while there are dedicated exhibit hours during the conference, the exhibit hall is open to participants at all times during the conference.

EXHIBIT HALL:

FRIDAY, APRIL 10

SET UP | 3:00 - 5:00 P.M.

SATURDAY, APRIL 11

SET UP | 7:00 - 7:30 A.M.

BREAKFAST | 7:30 - 8:30 A.M.

LUNCH | 11:35 A.M. - 1:30 P.M.

SUNDAY, APRIL 12

BREAKFAST | 7:00 - 8:00 A.M.

BREAK | 10:35 - 10:40 A.M.

**Exhibit hours are subject to change*

VENUE:

SAINT LOUIS UNIVERSITY

EDUCATION UNION

1312 CARR LANE AVE

ST. LOUIS, MO 63104



IMPORTANT DATES:

COMPANY LOGO

MARCH 27, 2026

EMAIL TO : CRISTA.ELLIOTTOLSON@HEALTH.SLU.EDU

BADGE NAMES DUE

APRIL 6, 2026

EMAIL TO : CRISTA.ELLIOTTOLSON@HEALTH.SLU.EDU

CONFERENCE RECOGNITION TIERS

	Gold \$6,000	Silver \$4,000
Pre-Conference		
Choice on Table Location	1st	2nd
Recognition on the conference website with logo		
At the Conference		
Exhibitor Rep Badges	3	2
Logo on Exhibit Signage		
Recognition during opening and closing remarks		
Additional Advertisement	1/2 Page Ad in Welcome Folder	
Reception Advertisement and attendance for (3) reps.		
Sponsor of Poster Sessions		

Sponsorship Opportunities: EDUCATIONAL

Product Theater - \$12,000

This unique opportunity gives your company exclusive access to a classroom to host your product theater (non-cme) that will not compete with any other sessions.

Speaker arrangements and any additional AV needs beyond what is included are the responsibility of the sponsoring company.

Must purchase exhibit booth to hold an Industry Supported Lecture.

Food and beverage will be managed by the conference.

Two slots available

This sponsorship includes:

- Promotion of your industry supported lecture listed on the program agenda
- Standard AV Set-up includes:
 - (1) Screen, (1) Projector

Interactive Experience Table - \$10,000

This add-on option is designed for exhibitors offering hands-on, educational demonstrations or technology-based displays. Examples may include device demonstrations, software platforms, imaging tools, workflow solutions, or educational simulations. This is intended to support learning and awareness and will be located in a more private setting.

Two slots available

This sponsorship includes:

- 6 ft table in private setting.
- 2 exhibit rep badges
- Access to power

Registration

To register, please visit the [Fourth Annual Midwest Metabolic Clinical 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 by credit card, 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.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

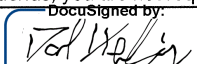
**Request for Taxpayer
Identification Number and Certification**
Go to www.irs.gov/FormW9 for instructions and the latest information.

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 <i>(Applies to accounts maintained outside the United States.)</i>	
	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 <input type="checkbox"/>	
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 <i>How to get a TIN</i> , later.	Social security number [] [] [] - [] [] - [] [] [] [] or Employer identification number [4] [3] - [0] [6] [5] [4] [8] [7] [2]
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> 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.	
Sign Here	Signature of U.S. person  Date Jan 7, 2026 9:03:04 CST

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