

**SECOND ANNUAL
INFLAMMATORY BOWEL
DISEASE SUMMIT:
EXCELLENCE IN ULCERATIVE
COLITIS CARE**

MAY 30, 2026
SAINT LOUIS UNIVERSITY
EDUCATION UNION

PROSPECTUS



SAINT LOUIS
UNIVERSITY
— EST. 1818 —

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

April 2, 2026

Greetings,

Thank you for your continued support of our educational activities. We would like to offer you the opportunity to purchase display space at our upcoming continuing medical education program “*Second Annual Inflammatory Bowel Disease (IBD) Summit*”. This conference will provide updates in current practice guidelines and new innovations in the management of ulcerative colitis. The event will take place Saturday, May 30, 2026, at the SLU Education Union Bldg., 1312 Carr Lane, Saint Louis. We encourage all tables to be set up by 7:30 a.m. Display times for this event are 10:00 a.m. to 2:00 p.m. 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 SLU and WashU trainees as well as gastroenterologists at SSM community hospitals, and colorectal surgeons. We will market the program on a regional scale to include Missouri, Kansas, and Illinois. This activity has been approved for 3.5 *AMA Category 1 Credits*.™

We would like to offer you a 24”x72” display table and free registration for two representatives to attend the program. The cost of the display space is \$2,600. Please visit the registration website <https://slu.cloud-cme.com/course/courseoverview?P=0&EID=19920> 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.

Thank you again for your support. If I can provide any additional information, 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., Vincenzo Cardinale, M.D., Ph.D.

SECOND ANNUAL IBD SUMMIT: EXCELLENCE IN ULCERATIVE COLITIS CARE

MAY 30, 2026

SAINT LOUIS UNIVERSITY EDUCATION UNION | ST. LOUIS, MO

EXHIBIT HALL:

FRIDAY, MAY 29

SET UP | 3:30 - 5:00 P.M.

SATURDAY, MAY 30

SET UP | 9:30 - 10:00 A.M.

COFFEE | 10:00 - 10:30 A.M.

LUNCH | 11:30 A.M. - 12:30 P.M.

**Exhibit hours are subject to change*

VENUE:

**SAINT LOUIS UNIVERSITY
EDUCATION UNION**

1312 CARR LANE

ST. LOUIS, MO 63104

IMPORTANT DATES:

COMPANY LOGO

MAY 20, 2026

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





SAINT LOUIS
UNIVERSITY™

SECOND ANNUAL INFLAMMATORY BOWEL DISEASE (IBD) SUMMIT

SPEAKERS



Yezaz Ghouri, MD

Adjunct Associate Professor
SLU Division of GI & Hepatology
SSM-De Paul



Maia Kayal, MD, MS

Associate Professor
The Susan and Leonard Feinstein IBD Center
Dr. Henry D. Janowitz Division of
Gastroenterology
Icahn School of Medicine at Mount Sinai



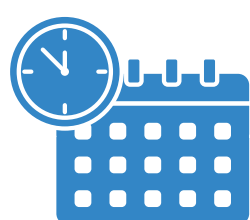
Manar Shmais, MD

Assistant Professor of Internal Medicine
and Gastroenterology, Division of
Gastroenterology & Hepatology, Saint
Louis University



Sherief Shawki, MD, FACS, FASCRS

Consultant Colon & Rectal Surgery
Medstar Franklin Square Medical Center
Hospital
Associate Professor of Surgery



Saturday, May 30, 2026
10:00 am – 2:30 pm



SLU Education Union Bldg,
1312 Carr Lane,
St. Louis, MO 63104

AGENDA

- **10:00 am:** Registration & Coffee
- **10:20 am:** Welcome Remarks

Panel 1:

- **10:30 am:** *Recent Advances in Ulcerative Colitis Management*
- **11:00 am:** *Take the Ouch Out of Pouch: Management of the Complicated Pouch*
- **11:30 am:** *Q&A & Closing Remarks*

Lunch: 11:50 am – 12:50 pm

Panel 2:

- **12:50 pm:** *Updates About Management of ASUC*
- **1:20 pm:** *Conventional & Unconventional Indications for Surgical in CUC*
- **1:50 pm:** *Q&A & Closing Remarks*
- **2:20 pm:** *Conclusion of Conference*

Register Now:



Saint Louis University School of Medicine designates this live activity for a maximum of 3.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Contact us for more info



paula.zdanowicz@health.slu.edu

Registration

To register, please visit the [Second Annual Inflammatory Bowel Disease Summit: Excellence in Ulcerative Colitis Care](#) 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 *How to get a TIN*, 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 *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:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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

DocuSigned by: 7C96148CA5C549E...

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