

**3RD SEMIANNUAL
PULMONARY, CRITICAL
CARE AND SLEEP MEDICINE
SYMPOSIUM**

SEPTEMBER 17, 2026
SAINT LOUIS UNIVERSITY
EDUCATION UNION



PROSPECTUS

September 17, 2026

RE: 3rd 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 "*3rd Semiannual Pulmonary Critical Care and Sleep Medicine Symposium*". This event will take place on Thursday September 17, 2026, at Saint Louis University, Education Union. We would like to offer you the opportunity to exhibit.

The Exhibitor level 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 classification of interstitial lung disease, interpretation of high-resolution CT scan of the chest, and interstitial lung disease associated with systemic autoimmune rheumatic diseases. It is open to all healthcare providers in any sub-specialty including pulmonology, radiology, rheumatology, 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 1.50 AMA Category 1 Credits.™

If interested in this opportunity, you will need to visit the registration website: <https://slu.cloud-cme.com/course/courseoverview?P=0&EID=21896> 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,



Rania Farhat, MD
Assistant Professor, Department of Internal Medicine
Division of Pulmonary, Critical Care and Sleep Medicine
Saint Louis University School of Medicine

3RD SEMIANNUAL PULMONARY, CRITICAL CARE AND SLEEP MEDICINE SYMPOSIUM



SPEAKERS



Abigail Go, DO

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



**Genna
Braverman, MD,
MS**

Rheumatologist
Hospital for Special Surgery



**Fernando
Gutierrez, MD**

Professor, Radiology; Division
of Diagnostic Radiology,
Cardiothoracic Imaging
Section; Professor, Medicine
WashU Medicine

Join us for the **3rd Semiannual Pulmonary
and Critical Care Symposium!**

We will be discussing classification,
diagnosis and treatment of interstitial lung
disease and interpretations of high
resolution CT scan in interstitial lung
disease. It is open to all physicians and
healthcare providers in any subspecialty
including internal medicine, family
medicine, rheumatology, radiology, and
pulmonary medicine. .

COURSE DIRECTORS

Rania Farhat, MD

Setu Patolia, MD, MPH



Thursday, September 17, 2026
5:20 p.m. – 8:20 p.m.



Saint Louis University School of
Medicine
Education Union
1312 Carr Lane Ave
St. Louis, MO 63104

Register Now

[https://slu.cloud-
cme.com/course/courseoverview?P=0&EID=21896](https://slu.cloud-cme.com/course/courseoverview?P=0&EID=21896)



3RD SEMIANNUAL PULMONARY, CRITICAL CARE AND SLEEP MEDICINE SYMPOSIUM



Saint Louis University Hospital

SPEAKERS



Abigail Go, DO

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



Genna Braverman, MD, MS

Rheumatologist
Hospital for Special Surgery



Fernando Gutierrez, MD

Professor, Radiology; Division
of Diagnostic Radiology,
Cardiothoracic Imaging
Section; Professor, Medicine
WashU Medicine

AGENDA

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

Session 1: Moderator – TBD

- **6:00pm:** *TBD*
- **6:50pm:** *Q&A*
- **7:00pm:** *Break*

Session 2: Moderator – TBD

- **7:15pm:** *TBD*
- **7:40pm:** *TBD*
- **8:05pm:** *Q&A*
- **8:20pm:** *Adjourn*

Registration

To register, please visit the [3rd 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 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
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

W-9

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.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☒ 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**
(Applies to accounts maintained outside the United States.)

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 ☐

5 Address (number, street, and apt. or suite no.). See instructions.
3545 Lindell Blvd, 3rd Floor

6 City, state, and ZIP code
St. Louis, MO 63103

7 List account number(s) here (optional)

Requester's name and address (optional)

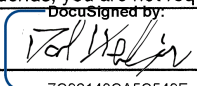
Part I Taxpayer Identification Number (TIN)

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
____ - ____ - ____
or
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

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.

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

Cat. No. 10231X

Form **W-9** (Rev. 3-2024)