INVITATION TO EXHIBIT

Dear Representative,

On behalf of Michigan Medicine’s Department of Internal Medicine Continuing Medical Education, we are pleased to announce the Health Delivery and Technology in Today’s Diabetes Care, Saturday, April 4, 2020, at The Inn at St. John’s in Plymouth, Michigan. We invite you to participate as an exhibitor.

As an exhibitor, you will be associated with a premier organization and directly reach your target audience. You will have the opportunity to unveil new products and/or services to existing and prospective customers as well as educate prospective customers about your products and/or services.

The exhibit fee of $750 includes a 6’ skirted table for a table top display and acknowledgment of participation in the course syllabus, welcome slides, and announcements. To maintain a separation of promotion and education, exhibits will be located outside of the meeting room. No more than two representatives per exhibit. Space is limited, early registration is advised. Exhibit space is on a first come first serve basis.

To participate, please complete page two. University of Michigan’s tax ID number is 38-6006309 and our W-9 form is attached for your convenience. If you have any questions, please contact us at (734) 232-3469 or intmedcme@umich.edu.

Thank you for your support.

Sincerely,

Michigan Medicine Department of Internal Medicine CME Team
## CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Activity Title</th>
<th>Health Delivery and Technology in Today’s Diabetes Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>The Inn at St. John’s, Plymouth, Michigan</td>
</tr>
<tr>
<td>Date(s)</td>
<td>Saturday, April 4, 2020</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Company Name (Exhibitor)</th>
<th>As it should appear on printed materials.</th>
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<tbody>
<tr>
<td>Exhibit Contact (if different than Exhibit Rep.)</td>
<td></td>
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<tr>
<td>Name of Rep(s) Exhibiting</td>
<td>Maximum of two reps per exhibit.</td>
</tr>
<tr>
<td>Address 1</td>
<td></td>
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<tr>
<td>Address 2</td>
<td></td>
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<tr>
<td>City / State / Zip</td>
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<tr>
<td>Telephone</td>
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<td>Email</td>
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## EXHIBIT OPTIONS

- [ ] Full Course - $750 (Saturday)

## PAYMENT INFORMATION

Please enclose a check (U.S. currency) payable to the University of Michigan (please put course name on the check) or pay by credit card below.

<table>
<thead>
<tr>
<th>Credit Card:</th>
<th>AmEx</th>
<th>Discover</th>
<th>MasterCard</th>
<th>Visa</th>
</tr>
</thead>
</table>

Card # __________________________________________ Exp. Date _______________________________________

Name on Card (please print) __________________________________________

Signature (not valid without signature) __________________________________

Please mail this form to: MI Medicine Department of Internal Medicine CME / Attn: Allison Picinotti / 24 Frank Lloyd Wright Dr. / Lobby J, Suite 1200 / Ann Arbor, MI 48109-5750

Questions? (734) 232-3469 / intmedcme@umich.edu
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.

Regents of the University of Michigan

2. Business name/disregarded entity name, if different from above

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
   - Corp Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)

   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 classified 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 U.S. 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) 3
   - Exemption from FATCA reporting code (if any) C

   (Applies to accounts maintained outside the U.S.)

Public Entity

5. Address (number, street, and apt. or suite no.) See instructions.

5082 Wolverine Tower, 3003 South State Street

6. City, state, and ZIP code

Ann Arbor, MI 48109-1287

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. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number

[illegible]

or

Employer identification number

38-6006309

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

[Signature]

Date

General Instructi

Regents Of The University Of Michigan
(Includes Michigan Medicine)
Is an exempt organization
[Code 501(c)(3)]
ID 38-6006309
Form 1099 IS NOT REQUIRED
Susan E. Ryerson, Sr. Tax Advisor
(734) 764-9219

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.

Form W-9 (Rev. 11-2017)