

Join the
WV Academy of Otolaryngology
Head and Neck Surgery, Inc.
43rd Annual Meeting
through the joint providership of
Vandalia Health Institute for Academic Medicine



Focusing on otology,
rhinology and more
(in humans)



October 31-November 2, 2025



The
Greenbrier®



OTOLARYNGOLOGY PO Box 11306 • Charleston, WV 25339 • 304.984.0308 • wvao-hns.org

May 2025

Good Morning,

The 43rd annual meeting of the West Virginia Academy of Otolaryngology - Head and Neck Surgery, Inc. will take place October 31-November 2, 2025, at The Greenbrier in White Sulphur Springs, WV. Don't miss this outstanding opportunity to meet with Otolaryngologists from across West Virginia.

The focus for the conference will be otology, rhinology, AI and other areas of interest and neck and will feature Dr. Matthew Bush from Kentucky Children's Hospital in Lexington, as well as speakers from across West Virginia.

We are asking for your support in the way of exhibit space at the meeting, an educational grant or sponsorship. Whether you exhibit on October 31-November 2, 2025, provide an educational grant or sponsorship, we encourage you to take advantage of the opportunity to meet personally with physician attendees during the meeting.

I have enclosed an exhibitor/sponsor application, commercial support agreement and Standards for Commercial Support of Continuing Medical Education, as well as our W-9 form. Our physician attendees will have opportunities to spend quality time with you at events on Friday and Saturday evenings, lunch with physicians on Saturday and breaks in the exhibit area Saturday and Sunday. We encourage our participants to view the exhibits before the meetings, during all coffee breaks and immediately following each day's program.

We look forward to hearing from you and thank you in advance for your support of the West Virginia Academy of Otolaryngology - Head and Neck Surgery, Inc. Please feel free to contact me at 304.984.0308 if you have any questions.

Sincerely,

Diane Slaughter, APR, Fellow PRSA
Executive Director

enclosure

Application for Exhibit Space/Sponsorship
West Virginia Academy of Otolaryngology - Head and Neck Surgery, Inc.
West Virginia Ear, Nose and Throat Foundation, Inc.
The Greenbrier, White Sulphur Springs, WV
October 31-November 2, 2025
Due September 1, 2025

Name of company

Name and title of person responsible for agreement

Telephone number

Signature

Date

Name and type of products to be exhibited

Representatives scheduled to work booth:

Name

Email address

FEES and TERMS:

- ☐ Gold Exhibit space \$1,200/booth (return this form only)
- ☐ Platinum Sponsor \$7,500 (includes booth space and one-hour product theater)
- ☐ Luncheon sponsor \$2,000/day (return all forms)
- ☐ Speaker sponsor \$3,000/speaker (return all forms)
- ☐ Special event sponsor \$3,000 (return all forms)
- ☐ Lanyard sponsor \$1,500 (return this form only)
- ☐ Key card sponsor \$1,500 (return this form only)

Check made payable to the West Virginia Academy of Otolaryngology is to be sent with completed application to Dr. Matthew Oliverio. Early exhibitor applicants ONLY may suggest booth location of their preference. An 8' exhibit space will be provided with an 6' skirted table.

Tax identification number: 31-1067190.

Exhibit booth refunds will be given if written request is received by Matthew Oliverio, MD, by September 1, 2025. A \$50 processing fee will be deducted. Refunds, less the processing fee, will be made after December 1, 2025, only if the space is resold. No refunds will be made for requests received after October 1, 2025.

Please contact Executive Director Diane Slaughter with any questions: by phone at 304.984.0308, or by e-mail, info@wvao-hns.org. Send check and completed application to:

Matthew Oliverio, M.D., WV Academy of Otolaryngology, PO Box 11306, Charleston, WV 25339-1306

WEST VIRGINIA ACADEMY OF OTOLARYNGOLOGY
Tax ID #31-1067190
TERMS, CONDITIONS, AND PURPOSES OF AN EDUCATIONAL GRANT

_____ Agrees to support the WV ACADEMY OF
OTOLARYNGOLOGY through an educational grant for the 43rd Annual CME Conference on
October 31-November 2, 2025.

Commercial Supporter (Company name/branch)

Address

City, State, Zip

Telephone _____ Email _____

Contact Person _____

The above company wishes to provide support for the named continuing medical education activity
by means of (indicate which option):

1. Unrestricted educational grant for support of the CME activity in the amount of
\$ _____
2. Restricted grant to reimburse expenses for:
 - A. Speaker(s): _____
To Include: All Expenses _____ Travel Only _____
 - B. Support for catering functions (specify) _____
In the amount of \$ _____
 - C. Other (e.g., equipment loan, brochure distribution, etc.) _____

SIGNATURES

We have read and agree to the attached West Virginia Academy of Otolaryngology "Standards for
Commercial Support of Continuing Medical Education" and to the terms stated above:

(Company Representative) _____ (Date) _____

(Activity Director) _____ (Date) _____

(Program Director for CME) _____ (Date) _____

Please return completed agreement to: WVAO • PO Box 11306 • Charleston, WV 25339

CONDITIONS

1. Statement of Purpose: Program is for scientific and educational purposes only and will not promote a company's products, directly or indirectly.
2. Control of Content & Selection of Presenters & Moderators: WV ACADEMY OF OTOLARYNGOLOGY is ultimately responsible for control of content and selection of presenters and moderators. Company, or its agents, will respond only to WV ACADEMY OF OTOLARYNGOLOGY-initiated requests for suggestions of presenters or sources of possible presenters. Company will suggest more than one name (if possible); will provide speaker qualifications; will disclose financial or other relationships between company and speaker; and will provide this information herein. WV ACADEMY OF OTOLARYNGOLOGY will seek suggestions from other sources, and will make selection of presenter(s) based on balance and independence.
3. Disclosure of Financial Relationship: WV ACADEMY OF OTOLARYNGOLOGY will ensure disclosure to the audience of (a) company funding, and (b) any significant relationship between the sponsor and the company (e.g., grant recipient) or between individual speakers or moderators and the company.
4. Content Involvement: There will be no "scripting," emphasis, or influence on content by the company or its agents.
5. Ancillary Promotional Activities: No promotional activities or advertisements will be permitted in the same room as the educational activity.
6. Objectivity & Balance: WV ACADEMY OF OTOLARYNGOLOGY will make every effort to ensure that data regarding the company's products (or competing products) are objectively selected and presented, including balanced discussion of prevailing information on the product(s) and/or alternative treatments.
7. Limitations of Data: WV ACADEMY OF OTOLARYNGOLOGY will ensure, to the extent possible, disclosure of limitations of data, (e.g. ongoing research, interim analysis, preliminary data, or unsupported opinion.)
8. Discussion of Unproved Uses: WV ACADEMY OF OTOLARYNGOLOGY will require that presenters disclose when a product is not approved in the United States for the use under discussion.
9. Opportunities for Debate: WV ACADEMY OF OTOLARYNGOLOGY will ensure opportunities for questioning or scientific debate.
10. Independence of Sponsor in the Use of Contributed Funds:
 - A. Funds should be in the form of an educational grant made payable to The WEST VIRGINIA ACADEMY OF OTOLARYNGOLOGY (Tax ID#31-1067190) and mailed to the WV ACADEMY OF OTOLARYNGOLOGY Head & Neck Surgery, Inc, P O Box 11306, Charleston, WV 25339.
 - B. All other support associated with this CME activity (e.g., distributing brochures, preparing slides) must be given with the full knowledge and prior approval of the WV ACADEMY OF OTOLARYNGOLOGY Office of CME.
 - C. No other funds from the commercial company will be paid to the program director, faculty, or others involved with the CME activity (e.g. additional honoraria, extra social events, etc.).
 - D. The terms, conditions and purposes of the educational grant will be documented in this letter of agreement.

AGREEMENTS

The Commercial Supporter agrees to:

1. Abide by all requirements of the CHERI Standards for Commercial Support of Continuing Medical Education, and the provisions of the AMA's Code of Medical Ethics. Copies available from the WV ACADEMY OF OTOLARYNGOLOGY Dept. of Education.

Commercial Company Authorized Representative:

Signature _____ Date _____

WEST VIRGINIA ACADEMY OF OTOLARYNGOLOGY agrees to:

1. Abide by the CHERI Standards for Commercial Support of Continuing Medical Education;
2. Publicly acknowledge educational support from the commercial company; and
3. Upon request, furnish the commercial supporter a report concerning the expenditure of the funds provided.

WV ACADEMY OF OTOLARYNGOLOGY Authorized Representative:

Signature _____ Date _____

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.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

West Virginia Academy of Otolaryngology - Head and Neck Surgery, Inc.

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

☐ C 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.

☒ Other (see instructions) ►

Nonprofit corporation

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

PO Box 11306

6 City, state, and ZIP code

Charleston, WV 25339

7 List account number(s) here (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **5**

Exemption from FATCA reporting code (if any)

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

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

- -

or

Employer identification number

3 1 - 1 0 6 7 1 9 0

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 ►

Dane Slaughter

Date ► 2 January, 2025

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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.

Conference Program

Friday, November 1

Friday, October 31

Moderator:	Brian Kelleremeyer, MD, President, WVAO-HNS	
6:00 - 7:00	Product Theater Dr. Speaker #1	Hayes Room
7:00 - 8:00	WVAO Cocktail Reception Dinner on your own	Taft Room

Saturday, November 1

Moderator:	Brian Kellermeyer, MD, President, WVAO-HNS	
7:00 - 7:50	Registration/Breakfast	Taft Room
7:50 - 8:00	Welcome Brian Kellermeyer, MD, President, WVAO-HNS	Hayes Room
8:00 - 8:30	Thomas Sporck Memorial Lecture Chronic ear disease Matthew Bush, MD	
8:30 - 9:00	Rhinology Troy Woodard, MD	Hayes Room
9:00 - 9:30	Otology Jack Wazen, MD	Hayes Room
9:30 - 9:45	Break	Taft Room
9:45 - 10:15	Rhinology Troy Woodward, MD	Hayes Room
10:15 - 10:45	AI in ENT: From Diagnosis to Scalpel Habib Zalzal, MD	Hayes Room
10:45 - 11:30	Otology panel: Management of Otorrhea Moderator: Brian Kellermeyer, MD Matthew Bush, MD Joseph Touma, MD Jack Wazen, MD	Hayes Room
11:30 - 12:00	Legislative Update Scott Gibbs, MD	Hayes Room
12:00 - 12:45	Lunch	Taft Room
12:45 - 2:00	Annual Meeting	Taft Room
5:00 - 6:00	Using Integra Troy Woodard, MD	Hayes Room
6:00 - 7:00	Reception with Exhibitors	Taft Room
7:00	Dinner on your own	

Sunday, November 2

Moderator:	Monika Freiser, MD, Vice President, WVAO-HNS	
7:00 - 7:45	Breakfast	Taft Room
7:45 - 8:15	Otology #2	Hayes Room
	Matthew Bush, MD	
8:15 - 8:45	Head and neck cancer management-Moh's	Hayes Room
	Vlad Cordrea, MD, PhD	
8:45 - 9:15	The Resident Upgrade: AI in Your Academic or Private Practice	Hayes Room
	Habib Zalzal, MD	
9:15 - 10:00	Osseointegrated devices	Hayes Room
	Jack Wazen, MD	
10:00	Conference Adjourns	Hayes Room