

Continuing Professional Education

March 21, 2025

RE: **2025 Oral Oncology Symposium – Live Activity**

Dear Potential Exhibitor:

On behalf of the **Activity Director, Theresa M. Hofstede, DDS, FACP**, and **Co-Directors, Mark S. Chambers, DMD, MS**, and **Ruth Aponte Wesson, DDS**, we would like to invite you to exhibit at our upcoming the **2025 Oral Oncology Symposium**, scheduled for **Thursday, April 10, 2025 – Saturday, April 12, 2025**, at the MD Anderson Cancer Center – Duncan Building. We offer a variety of exhibitor packages, for your consideration, each designed to provide unique opportunities for participation.

MISSION

MD Anderson's mission is to eliminate cancer in Texas, the nation and the world through exceptional programs that integrate patient care, research, and prevention. Our mission also includes education for undergraduate and graduate students, trainees, professionals, employees, and the public.

VISION

We shall be the premier cancer center in the world, based on the excellence of our people, our research-driven patient care and our science.

OVERVIEW

This symposium is designed to enhance healthcare professionals' competencies in managing head and neck cancers across the entire care continuum. The program will focus on:

- Improving early detection skills
- Streamlining referral processes
- Comprehensive symptom management
- Interdisciplinary collaboration
- Emerging technologies and treatments

NEEDS ASSESSMENT

Healthcare professionals face significant challenges in the diagnosis and management of oral and head and neck malignancies, leading to potential delays in treatment and suboptimal patient outcomes. These challenges stem from several key factors:

1. **Limited diagnostic expertise:** Many healthcare providers lack the necessary experience to accurately identify and diagnose oral and head and neck cancers, particularly in their early stages. This deficiency can result in delayed recognition of persistent lesions, potentially allowing the disease to progress.
2. **Insufficient interdisciplinary communication:** There is a critical gap in communication between dental healthcare providers and oncologists regarding the proper management of oncology patients. This lack of collaboration can lead to fragmented care and missed opportunities for early intervention.
3. **Inadequate knowledge of cancer therapy side effects:** Healthcare professionals often have limited understanding of the diverse and complex side effects associated with various cancer therapies. This knowledge gap can hinder their ability to provide comprehensive patient care and manage treatment-related complications effectively.

4. **Lack of expertise in side effect management:** Even when side effects are recognized, many healthcare providers lack the specialized knowledge required to manage these complications optimally, potentially impacting patient quality of life and treatment adherence.
5. **Limited awareness of maxillofacial defects and reconstruction:** There is a need for increased understanding of the maxillofacial defects that can result from head and neck surgery, as well as the latest reconstruction techniques and prosthetic rehabilitation options available.
6. **Unfamiliarity with new technologies:** Many healthcare professionals are not up to date with the latest technological advancements in surgical reconstruction and prosthetic rehabilitation for maxillofacial patients, potentially limiting the treatment options offered to patients.

Addressing these gaps through comprehensive education and training will enhance healthcare professionals' ability to provide timely, effective, and patient-centered care for individuals with oral and head and neck malignancies.

OBJECTIVES

At the conclusion of this educational activity, participants should be able to:

- Discuss the recognition of the presenting signs of head and neck cancer.
- Identify methods that increase timely referrals for biopsy and treatment.
- Develop improvement of management of oral symptoms related to multiple cancer therapies and be aware of the difficulties that treatment may create.

TARGET AUDIENCE

This activity should be of interest to physicians, dentists, nurses (APRN, RN, LVN), students and trainees and any other healthcare professions that specialize in otolaryngology – head and neck surgery, plastic surgery (within the head and neck) and surgery. We are anticipating 225 – 250 learners.

PACKAGE LEVELS

PLATINUM – \$10,000

- Five Complimentary Registrations
- Acknowledgement on the Supporter/Exhibitor Tab on the conference webpage, with company name, company logo, link to company website, and the ability to post 3 – 6 product information (pdfs)
- Designated premium location
- 10 networking breaks that occur in and adjacent to the Exhibit Hall
- Platinum level recognition
- 6 ft. exhibit table (draped) with two chairs
- Wireless internet connection
- Complimentary meals (available with exhibitor badge)

GOLD – \$7,500

- Four Complimentary Registrations
- Acknowledgement on the Supporter/Exhibitor Tab on the conference webpage, with company name, company logo, link to company website
- Designated premium location
- 10 networking breaks that occur in and adjacent to the Exhibit Hall
- Gold level recognition
- 6 ft. exhibit table (draped) with two chairs
- Wireless internet connection
- Complimentary meals (available with exhibitor badge)

SILVER – \$5,000

- Three Complimentary Registrations
- Acknowledgement on the Supporter/Exhibitor Tab on the conference webpage, with company name and link to company website
- Designated location
- 10 networking breaks that occur in and adjacent to the Exhibit Hall
- Silver level recognition
- 6 ft. exhibit table (draped) with two chairs
- Wireless internet connection
- Complimentary meals (available with exhibitor badge)

BRONZE – \$2,500

- Two Complimentary Registrations
- Acknowledgement on the Supporter/Exhibitor Tab on the conference webpage with company name
- Designated location
- 10 networking breaks that occur in and adjacent to the Exhibit Hall
- Bronze level recognition
- 6 ft. exhibit table (draped) with two chairs
- Wireless internet connection
- Complimentary meals (available with exhibitor badge)

CONFERENCE LOCATION

**The University of Texas MD Anderson Cancer Center
Duncan Building (CPB) Conference Center, Floor 8**
1155 Pressler Street
Houston, TX 77030

Thursday, April 10, 2025	Friday, April 11, 2025	Saturday, April 12, 2025
Conference: 8:00 AM – 4:30 PM Set-Up: 7:00 AM – 8:00 AM Dismantle: 4:30 PM	Conference: 8:00 AM – 4:30 PM Set-Up: 7:30 AM – 8:00 AM Dismantle: 4:30 PM	Conference: 8:00 AM – 11:30 AM Set-Up: 7:30 AM – 8:00 AM Dismantle: 10:15 AM

Please let me know if you have any questions or need any additional information for this request. We appreciate your consideration to provide support for this exceptional educational activity.

I look forward to hearing from you soon.

Best,

Cicely A. Simon
Manager, Accreditation and Industry Support
Continuing Professional Education

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.) The University of Texas MD Anderson Cancer Center	
	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) Agency within the Government of the State of Texas	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 3 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) C <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. 1515 Holcombe Boulevard	6 City, state, and ZIP code Houston, TX 77030
	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.

Social security number									
				-			-		
or									
Employer identification number									
7	4	-	6	0	0	1	1	1	8

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 **Omer F. Sultan**

Date **2/11/2025 | 9:47 AM 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