

January 13, 2025

RE: **Updates in Advanced Breast Cancer: Local Management and Other New Perspectives – Live Activity**  
Houston Marriott Medical Center/Museum District  
6580 Fannin Street, Houston, Texas 77030

Dear Potential Exhibitor:

On behalf of **The University of Texas MD Anderson Cancer Center** and the **Activity Director, Bora Lim, MD, Associate Professor, Department of Breast Medical Oncology, Division of Cancer Medicine** and **Co-Director, Chunru Lin, PhD, Associate Professor, Department of Molecular and Cellular Oncology, Division of Basic Science Research** we would like to invite you to exhibit at our upcoming **Updates in Advanced Breast Cancer: Local Management and Other New Perspectives**, scheduled for **February 28<sup>th</sup> – March 1<sup>st</sup>, 2025** at the **Houston Marriott Medical Center/Museum District** in **Houston, Texas**. We offer a variety of exhibitor packages for your consideration, each designed to provide unique opportunities for participation.

#### OVERVIEW

This educational activity is designed to propel oncologists and healthcare providers to the forefront of advanced breast cancer treatment. This immersive conference is the gateway to seamlessly integrating cutting-edge therapies and techniques into daily practice. Learners will delve into the rapidly evolving landscape of breast cancer care, with a laser focus on the latest advancements in treating triple-negative, inflammatory, locally advanced, and metastatic breast cancers. Our world-class team of experts, including renowned specialists from MD Anderson Cancer Center and beyond, will illuminate the power of multidisciplinary collaboration and equip you with the skills to:

- Identify and leverage specific genetic and protein markers crucial in breast cancer diagnosis and treatment.
- Apply real-world insights and case studies to elevate your patient-centered care.
- Navigate groundbreaking clinical trials offering new hope for advanced, rare, and aggressive breast cancers.

Through interactive sessions and expert-led discussions, you'll gain practical tools to:

- Enhance diagnostic accuracy.
- Craft personalized treatment plans based on each patient's unique cancer profile.
- Optimize treatment response assessment.
- Strategically refer patients to potentially life-changing clinical trials.

#### NEEDS ASSESSMENT

There is a significant knowledge gap among healthcare providers regarding the optimal management of locally advanced and recurrent breast cancer. This gap hinders the delivery of effective, personalized treatment strategies for patients with complex disease presentations.

A competence gap exists in the early recognition and accurate diagnosis of inflammatory breast cancer (IBC). Healthcare professionals need enhanced skills to identify the unique clinical presentation of IBC, including its rapid onset and characteristic skin changes, to prevent delays in diagnosis and treatment initiation.

Healthcare providers require additional training in the multidisciplinary approach to treating advanced breast cancer, including the appropriate sequencing of systemic therapies, surgery, and radiation. This comprehensive approach is essential for improving patient outcomes and quality of life.

Addressing these gaps through targeted education and training initiatives will enhance the quality of care provided to patients with advanced breast cancer, potentially improving survival rates and patient experiences.

## OBJECTIVES

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

- Implement strategies to enhance physician-to-physician communication about the clinical trial process and its benefits, facilitating increased patient referrals and promoting a research-oriented culture in breast cancer care.
- Utilize interactive, personalized web-based clinical decision tools to optimize treatment selection for metastatic breast cancer patients.
- Integrate updated knowledge on new biological findings and genomic information into the clinical translation process, enhancing their ability to provide personalized and evidence-based care in their practice.
- Identify the key components of an effective multidisciplinary care approach in breast cancer management, including team composition, collaborative processes, and their impact on patient outcomes.
- Discuss the proficiency in applying evidence-based strategies for the diagnosis and multidisciplinary treatment of locally advanced and recurrent breast cancer, including surgery, radiation, and systemic therapies.

## TARGET AUDIENCE

We are expecting 100 – 125 learners comprised of physicians, advanced practice providers, pharmacist, nurses, social workers, and students specializing in medical oncology.

## EXHIBITOR PACKAGE LEVELS

### Non-CE Satellite Symposium – \$15,000

A 45-minute informational presentation and discussion by industry representatives and others speaking on behalf of their company offers healthcare providers with valuable scientific and clinical information about medicines that may lead to improved patient care. Satellite Symposiums provide the platform for these valuable presentations. Please review the following for important information. If your company is interested, you may choose one slot from the following four available options.

<b>Option 1</b>	<b>Date:</b> Friday, February 28, 2025 <b>Time:</b> 7:30 – 8:15 am
<b>Option 2</b>	<b>Date:</b> Saturday, March 1, 2025 <b>Time:</b> 7:30 – 8:15 am

## Presentation Information

Satellite Symposium are promotional presentations that highlight a new service or provide material about product development. A Satellite Symposium should be appropriate and professional, as well as focus on the science related to the development of product or of a service provide by the company

Satellite Symposium sponsors are not permitted to certify the Satellite Symposium by a CE Provider and must submit faculty and topics to CPE for approval.

Submit the following information by February 10, 2025, to [rpdavis@mdanderson.org](mailto:rpdavis@mdanderson.org)

- Title of Presentation for the Satellite Symposium Presentation
- Name, Title, Credentials and contact information of the speaker/faculty
- Two bullet points that provide a description of the Satellite Symposium topic

A Satellite Symposium sponsor is responsible for the content of its presentation, including obtaining all appropriate copyright permissions and licenses for slides and other materials that will be presented or distributed.

## Satellite Symposiums Accepted

A completed agreement, with full payment are accepted for Satellite Symposiums on a first-come, first-served basis.

#### **PLATINUM – \$10,000**

- Five Complimentary Registrations
- Five complimentary reception tickets – Friday, February 28<sup>th</sup> at 5:30 pm
- 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
- 7 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
- Four complimentary reception tickets – Friday, February 28<sup>th</sup> at 5:30 pm
- Acknowledgement on the Supporter/Exhibitor Tab on the conference webpage, with company name, company logo, link to company website
- Designated premium location
- 7 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
- Three complimentary reception tickets – Friday, February 28<sup>th</sup> at 5:30 pm
- Acknowledgement on the Supporter/Exhibitor Tab on the conference webpage, with company name and link to company website
- Designated location
- 7 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
- Two complimentary reception tickets – Friday, February 28<sup>th</sup> at 5:30 pm
- Acknowledgement on the Supporter/Exhibitor Tab on the conference webpage with company name
- Designated location
- 7 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

**Houston Marriott Medical Center/Museum District**  
6580 Fannin Street, Houston, Texas 77030

### CONFERENCE TIMES

#### **Friday, February 28<sup>th</sup>**

Conference: 8:20 AM – 5:00 PM  
Set-Up: 7:00 – 7:45 AM  
Dismantle: 5:00 PM

#### **Saturday, March 1<sup>st</sup>**

Conference: 8:20 AM – 12:00 PM  
Set-Up: 7:30 – 8:00 AM  
Dismantle: 10:30 AM

### REGISTER

[Please Click Here for More Information or To Register.](#)

To register as an exhibitor, click on the Exhibitor tab, select Exhibit at this Event

### HOTEL ACCOMMODATIONS

**Houston Marriott Medical Center/Museum District**  
6580 Fannin Street  
Houston, Texas 77030  
713-796-0080

A block of rooms has been reserved for conference attendees. Early hotel reservation is suggested; the group rate will be offered through **Thursday, January 30, 2025**.

When you make reservations, be sure to mention the *MD Anderson Advanced Breast Cancer Conference* or Group Code: *ABCABCR* to be assured of receiving the special meeting rate of **\$199.00 USD per night, plus tax**. [Click here to make your reservation online using the group rate.](#)

If you need any additional information, please, contact me at [rpdavis@mdanderson.org](mailto:rpdavis@mdanderson.org) or 346-721-9712. We appreciate your willingness to consider exhibiting at this outstanding educational activity.

I look forward to hearing from you soon.

Best,

**Robyn Davis**

Senior Continuing Education Coordinator, Continuing Professional Education

**Cicely A. Simon**  
Manager, Continuing Education  
Continuing Professional Education

[casimon@mdanderson.org](mailto:casimon@mdanderson.org)  
D 281-813-4261

**Continuing Professional Education**  
T 713-792-2223  
7007 Bertner Avenue  
Suite 1MC16.3214 – Unit 1781  
Houston, TX 77030

**Updates in Advanced Breast Cancer: Local Management and  
Other New Perspectives (41306)**  
**PAYMENT INFORMATION**

Please make check payable to: **The University of Texas MD Anderson Cancer Center**

**PREFERRED METHOD**

**Option 1 – Please mail check to:**

Continuing Professional Education – Unit 1781  
The University of Texas MD Anderson Cancer Center  
Attn: Cicely A. Simon  
PO Box 301407  
Houston, Texas 77230-1407

**IF UNABLE TO SEND TO A PO**

**Option 2 – Please mail check to:**

7007 Bertner Avenue  
Attn: Cicely A. Simon  
Suite 1MC16.3214 – Unit 1781  
Houston, TX 77030

*\*\*Please include a copy of this payment information with your check and reference 129396 in the memo/description of the check\*\**

**ACH/Wire Transfer Information**

Please reach out to Cicely Simon ([casimon@mdanderson.org](mailto:casimon@mdanderson.org)).

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://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.	<b>1</b> 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.) <b>The University of Texas MD Anderson Cancer Center</b>	
	<b>2</b> Business name/disregarded entity name, if different from above. <b>MD Anderson Cancer Center</b>	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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) . . . . . <b>Note:</b> 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) <b>State Agency</b>	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)	
	<b>3b</b> 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"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>1515 Holcombe Boulevard</b>	
<b>6</b> City, state, and ZIP code <b>Houston, Texas 77030</b>		
<b>7</b> List account number(s) here (optional)		
Requester's name and address (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																																																		
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 <i>How to get a TIN</i> , later.																																																		
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																																		
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<b>Part II Certification</b>			
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.			
<b>Certification instructions.</b> 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.			
<table><tr><td><b>Sign Here</b></td><td><b>Signature of U.S. person</b> <i>Omer F. Sultan</i></td><td><b>Date</b> <i>4/3/2024   9:22 AM CDT</i></td></tr></table>	<b>Sign Here</b>	<b>Signature of U.S. person</b> <i>Omer F. Sultan</i>	<b>Date</b> <i>4/3/2024   9:22 AM CDT</i>
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**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](http://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