

# **Southeast Regional Transplant Summit**

## **October 11, 2025**

### **Industry Prospectus**



***United for all patients***

Duke Department of Surgery, CME office  
[dukesurgerycme@dm.duke.edu](mailto:dukesurgerycme@dm.duke.edu)

## Overview

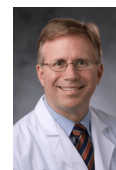
The 2025 Southeast Regional Transplant Summit brings together leaders in the field of transplantation to share the latest scientific advances in the perioperative care of solid organ transplant patients. The Summit is designed for all providers, including adult and pediatric surgeons, anesthesiologists, cardiologists, pulmonologists, nephrologists, hepatologists, advanced practitioners, transplant coordinators, nurses, and pharmacists. The Summit is relevant to the needs of practitioners who manage patients with end-stage organ failure, refer patients for transplantation, and participate in the care of patients after transplantation. The main focus of the Summit is on facilitating a multidisciplinary adoption of new research results and practice guidelines. The unique program is tailored to meet the demands of today's busy healthcare providers. It includes didactic sessions, presentation of current research, debate, and discussion of interesting case studies, and interactive question-and-answer sessions.

The Summit is led by our dedicated course directors, **Debra Sudan, MD**, and **John Reynolds, MD**, experts in the field of transplantation. **Dr. Debra Sudan** is a transplant surgeon who has practiced at



Duke for more than 14 years and currently serves in the role of Division Chief for the Solid Organ Abdominal Transplant programs. She was instrumental in improving the quality and outcomes of the kidney and liver transplant programs through her surgical expertise, recruitment of gifted colleagues, and reorganization of the program structure. In addition to leading top-tier programs in terms of post-transplant outcomes, she has initiated

pediatric liver transplantation and intestine transplantation in both children and adults since arriving at Duke. These programs have transformed the Duke program into one of the few programs in the country that can address virtually all transplant needs. Her research interests and research funding focus on intestine transplantation including the development of biomarkers and optimizing graft preservation. She has also led numerous clinical trials of novel immunosuppressive regimens to improve outcomes in liver and kidney transplantation. **Dr. John Reynolds** is an Associate Professor of Medicine at Duke University School of Medicine. He also practices as a Pulmonologist and a Transplant Pulmonologist with Duke Health. His areas of specialty include lung disease, lung transplant evaluation and care, multi-organ transplant evaluation and care, chronic obstructive pulmonary disease, pulmonary fibrosis and interstitial lung disease, pulmonary arterial hypertension, and sarcoidosis.



Exhibitors play a critical role in the success of this event. As an exhibitor, you will have the opportunity to display your industry's latest advances in product development, treatment options, and clinical trials and research. You will also have the opportunity to engage with our diverse audience of surgeons and healthcare professionals.

**On behalf of our course directors, Drs. Sudan and Reynolds, and the planning committee, I invite you to participate as an Exhibitor for this highly regarded and specialized event.** *The 2024 agenda has been redesigned to allow ample opportunity for interaction between the Summit's attendees, speakers, and exhibitors.*

The following pages include information you will need to join us including the Conference Agenda, Exhibitor Benefits & Information, registration and payment instructions, the Exhibitor Agreement Form, and Exhibitor Registration Form (both must be signed and returned to register). We look forward to working with you and appreciate your support!

Sincerely,

Susan Charamut, CME Program Director

Duke Department of Surgery, Office of Continuing Medical Education

# 2025 Southeast Regional Transplant Summit

**CONFERENCE DATE:** Saturday, October 11, 2025, 7:45 – 3:00 pm

**LOCATION:** Duke School of Nursing, Room 1014, Duke University, 307 Trent Drive, Durham, NC 27710. A virtual option will be offered for the morning plenary talks only.



## EXHIBITOR BENEFITS

- Engage with our diverse audience of healthcare professionals in the field of transplantation
- Demonstrate your organization's commitment to the development of technology for the purpose of improving patient care
- Establish connections with attendees to expand your prospect base and strengthen existing customer relationships
- Provide an industry-sponsored symposium (limited availability – Diamond level)
- Increase brand exposure within the healthcare specialty
- Introduce new products and services
- Generate new sales leads
- Provide product demonstrations
- Conduct market research

## EXHIBITOR SPONSORSHIP LEVELS

### Gold Sponsorship Level

\$ 5,500

*The Gold Sponsorship Level includes the following:*

- Live Exhibit Hall Booth
- **Inclusion in Industry highlights email (typically 2 weeks before the program)<sup>1</sup>**
- Company name in course materials (Exhibitor Summary/Thank You)
- Acknowledgement on the course website exhibitor page
- **Inclusion of 1 company/product brochure in the attendee packet\***
- **3** Complimentary Industry Attendee Registrations
- Verbal recognition by Conference Directors at welcome and closing remarks
- Copy of Final Registered Attendee List (*typically 2 weeks **after** the event*)

### Silver Sponsorship Level

\$ 2,500

*The Silver Sponsorship Level includes the following:*

- Live Exhibit Hall Booth
- Company name in course materials (Exhibitor Summary/Thank You)
- Acknowledgement on the course website sponsor page
- 2 Complimentary Industry Attendee Registrations
- Verbal recognition by Conference Directors at welcome and closing remarks
- Copy of Final Registered Attendee List (*typically two weeks **after** the event*)

## Summary of Exhibitor Benefits

|                                                                                              | <b>Gold</b> | <b>Silver</b> |
|----------------------------------------------------------------------------------------------|-------------|---------------|
| Live Exhibit Booth                                                                           | ✓           | ✓             |
| Inclusion in Industry highlight email<br>(typically 2 weeks before the program) <sup>1</sup> | ✓           | X             |
| Company name in course materials                                                             | ✓           | ✓             |
| Acknowledgement on course website<br>(Exhibitor/Sponsor thank you page)                      | ✓           | ✓             |
| Company brochure in attendee packet (1)*                                                     | ✓           | X             |
| Complimentary attendees                                                                      | 3           | 2             |
| Verbal recognition                                                                           | ✓           | ✓             |
| Copy of registrants <b>after</b> program                                                     | ✓           | ✓             |



\*Inclusion of 1 brochure or printed material is dependent upon the following: (1) the printed material must be related to the conference topic, and (2) printed materials must be provided to the Office of Continuing Medical Education at least 2 weeks prior to the event – OCME will not print the materials.

<sup>1</sup>OCME reserves the right to not include any industry information if payment is not received before the date of the email which is typically 2 weeks before the program.

## EXHIBITOR REGISTRATION INSTRUCTIONS

To register as an Exhibitor, follow the steps below:

1. Complete the **Exhibitor Registration Form** and **Exhibitor Agreement** and return them by email to [susan.charamut@duke.edu](mailto:susan.charamut@duke.edu) by September 12, 2025.
2. Register and pay for your exhibit booth and additional staff using this link: [\[https://rsvp.duke.edu/5gn0gN\]](https://rsvp.duke.edu/5gn0gN). Credit cards are preferred, however, payment via ACH is also available. Fees are due as noted below in EXHIBIT FEE PAYMENTS. Email [susan.charamut@duke.edu](mailto:susan.charamut@duke.edu) with any questions or assistance requests. **Please note that our office has moved. If you are sending materials, please be sure to reach out to Susan in advance.**
3. Your spot will only be secured after you register and pay for your exhibit booth.

## EXHIBIT FEE PAYMENTS:

- Exhibitor Sponsorship Payments are to be received no later than **September 19, 2025**.
- Payment method: Credit card and ACH payment methods are available; credit card payments are preferred [\[https://rsvp.duke.edu/5gn0gN\]](https://rsvp.duke.edu/5gn0gN).
- ACH payments: Please contact Susan Charamut at [susan.charamut@duke.edu](mailto:susan.charamut@duke.edu) **before** sending payment. The ACH remittance must be provided for us to provide credit for the exhibit booth. Duke University, Tax ID 56-0532129
- Domestic ACH or Wire transfers should use the following instructions.  
 Bank: Wells Fargo Bank, N.A.  
 420 Montgomery Street, San Francisco, CA 94104  
 ABA#: 121000248 (Domestic only)  
 Beneficiary: Duke University Concentration account  
 Beneficiary address: 324 Blackwell St., Suite 900, Durham, NC 27701  
 Account #: 2023740253053  
 Memo: Daren Perez, Duke Surgery, Southeast Regional Transplant Summit

**INDUSTRY EXHIBITS AND BREAKS** Gold, and Silver sponsors will be in our Industry Hall. Exhibitors will have one 6' table, two chairs, existing flooring, standard heat, and air conditioning. Exhibit tables are

available on a first-come, first-served basis and will not be assigned beforehand. *Exhibitors should bring their own table coverings.* At least one (1) representative must be at the exhibit booth during exhibit hours. Industry representatives are welcome to attend the educational sessions on Saturday. **Please note, however, that recording of these sessions is not permitted.**

**SET-UP/TAKE DOWN:** The venue does not have the ability to receive and store materials in advance of the event. We appreciate your understanding and have made arrangements for exhibitors to take advantage of the following times to set up their booths.

- Saturday, October 11, 2025, from 7:00 – 7:45 am

Doors open on Saturday at 7:00 am, so please do not arrive earlier. If you are not exhibiting at the Transplant Advanced Practice Provider Symposium on Sunday, October 12, 2025, booth materials may be removed after lunch and must be removed by 3:00 pm on Saturday, October 11, 2025.

**EXHIBITOR VENUE RESOURCES:** All costs associated with exhibiting are the responsibility of exhibitors. All exhibit materials must be brought with you to the event. The venue does not have the ability to receive pre-shipments or store materials.

#### **TENTATIVE AGENDA** *(Subject to Change)*

7:30 am **Doors Open & Exhibitors**

##### ***General Session***

7:45 am Welcome and General Session Overview

7:55 am Increasing Living Donations in African Americans

8:25 am Frailty and Transplantation – Best Practices in Risk Assessment, Applications of Testing, and Future Research

8:55 am Using Data in Transplantation (CHART consortium and UNOS) to include Impact on National Policy, including Out of Sequence Offers

9:25 am Life After Transplantation: Long-term Medical Care and Survivorship

9:55 am **Break and Exhibitors (45 minutes)**

10:40 am Vaccination in Solid-Organ Transplantation

11:05 am Common Infections in Solid-Organ Transplant Recipients

11:30 am Intersection of Psychiatry and Transplantation

11:55 am Closing Remarks

12:00 pm **Lunch and Exhibitors (1 hour)**

##### ***Concurrent Organ Breakout Session***

##### **Kidney Breakout Session**

1:00 pm Pre-Transplant Cardiovascular Risk Assessment (*in room 1014*)

1:30 pm Primary Care: Advising and Supporting Patients Interested in Kidney Donation

2:00 pm Lessons from the Outpatient Clinic: Important Medication Consideration in the Primary Care of Transplant Recipients

2:30 pm Lessons Learned from Dietary Interventions in CKD: How to Eat After Kidney Transplant

##### **Liver Breakout Session**

1:00 pm Pre-Transplant Cardiovascular Risk Assessment (*combined talk with Kidney*)

1:30 pm Hepatitis B Positive Donors – Where Are We Now?

2:00 pm Updates in Transplant Oncology

2:30 pm AI-Assisted Decision Making and Optimization of the Transplant Selection Process

##### **Lung Breakout Session**

1:00 pm Robotic Lung Transplant and Inhouse EVLP

1:30 pm Impact of Prior CT Surgery on Bleeding During Lung Transplant

2:00 pm Living Donor, Lobar, and Pediatric Lung Transplant

2:30 pm Update on Duke Lung Transplant Metrics (Outcomes, CAS Review, and Data Trends)

##### **Multidisciplinary Care Breakout Session**

|         |                                                                                                                       |
|---------|-----------------------------------------------------------------------------------------------------------------------|
| 1:00 pm | PT/OT Early Mobilization of SOT Recipients in the ICU After Transplant Surgery                                        |
| 1:30 pm | Comprehensive Case Management Overview: Advanced Care Planning, Substance Use Cessation, and Travel/Lodging Resources |
| 2:00 pm | Optimization of Nutrition Peri-Transplant                                                                             |
| 2:30 pm | Management of Oropharyngeal Dysphagia Following Transplant Surgery                                                    |
|         | <b><u>Pediatrics Multi-Organ Breakout Session</u></b>                                                                 |
| 1:00 pm | ABCs of AKI in Pediatric Solid Organ Transplantation                                                                  |
| 1:30 pm | Normothermic Machine Perfusion in Pediatric Solid Organ Transplantation                                               |
| 2:00 pm | Desensitization in Pediatric Solid Organ Transplantation                                                              |
| 2:30 pm | Food Insecurity and Scarcity in Pediatric Solid Organ Transplantation                                                 |

**ACCOMMODATIONS:** Several local hotels are available.

Local hotel considerations conveniently located near Duke's campus are:

[Washington Inn & Golf Club](#), 3001 Cameron Blvd., Durham, NC 27705

[JB Duke Hotel](#), 230 Science Dr., Durham, NC 27708

[Hilton Garden Inn](#), 2101 West Main Street, Durham, NC 27705, 919-286-0774

[AC Hotel by Marriott Durham](#), 2800 Erwin Rd., Durham, NC 27705, 984-900-2700

[The Lodge at Duke Medical Center](#), 2306 Elba Street, Durham, NC 27705, 833-313-2165

**VENUE RULES:** The exhibitor must follow the rules and regulations established by the venue.

**Exhibitors are responsible for all charges for A/V, electrical, mailing, and all other costs associated with exhibit set-up and take-down.** There shall be no modifications, including without limitation, removal of furniture, fixtures, artwork, etc., adding tables or chairs, signage, and portable refrigerators.

**CANCELLATION:** Cancellations are not permitted upon receipt of the application. No refunds will be issued after payment has been received.

**FAILURE TO OCCUPY SPACE:** Exhibitors must inform the Program Director in writing of booth cancellations. In the event a company has not arrived when the posted exhibit hours begin, the Program Director reserves the right to use that space as it sees fit, with no obligation of a refund. If exhibit material has been delivered to the booth but has not been assembled, the Program Director reserves the right to remove the material and place it in storage or direct the general service contractor to install the exhibit at the exhibiting company's expense. Exhibitors will not be allowed to assemble or install any exhibit material once the hall has opened.

**EXHIBITOR CODE OF CONDUCT:** The Southeast Regional Transplant Summit course is an educational event intended to advance the practice of transplantation. The preservation of the scientific integrity and educational value of the Summit and the audience's enjoyment of the educational activity is of paramount importance. As a courtesy, we invite you to join sessions pertaining to your interest, but the **recording of those sessions is NOT prohibited**.

The Duke Office of Continuing Medical Education will acknowledge support in program materials as applicable, but will not permit representatives of organizations providing support to engage in sales or promotional activities or to distribute commercial promotional materials in the room where the educational activity takes place or in the registration area immediately outside the room where the educational activity takes place. Sales or promotional interactions with attendees must be restricted to their assigned exhibit table. Marketing materials may not be offered, distributed, or displayed anywhere other than the company's assigned exhibit table and/or as part of the Summit non-CME session in accordance with the ACCME Standard 4.4. Exhibit materials and advertising may not be

displayed or distributed beyond the perimeters of the exhibitor's assigned table and exhibitors must comply with provisions of this policy.

Exhibitors must wear the official Duke-supplied badge at all times in the exhibit area and in the room where the educational activity takes place.

It is the responsibility of the exhibitor to see that all exhibit staff are aware of and adhere to the Duke Office of Continuing Medical Education policies and terms of the exhibitor agreement and conduct themselves in a professional manner.

**AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE:** Each exhibiting company is responsible for compliance with the ADA in their exhibit. Visit the [ADA website](#) for additional information. Failure to comply with the ADA is a serious matter and can involve litigation and/or fines.

#### **STAY HOME WHEN APPROPRIATE**

- Stay home if you have tested positive for COVID-19 or are showing symptoms of COVID-19.
- Stay home if you have been in close contact with a person who has symptoms of COVID-19 within the past 14 days.
- Follow hand hygiene and respiratory etiquette by washing your hands frequently with soap and water. Hand sanitizer will be available for use.
- While at the meeting, please cover your mouth and nose when coughing and sneezing.



Thank you for agreeing to exhibit at the upcoming continuing education (CME) event listed below. We look forward to your participation. This education activity is independent from exhibitors, and commercial support does not result in commercial bias or commercial influence in the education. The exhibitor support does not establish a financial relationship between the exhibitor company, planners, faculty, and others in control of education content. Duke Continuing Education will remain in compliance with the ACCME Standards for Integrity and Independence, including the following guidelines from Standard #4, Appropriate Management of Associated Commercial Promotion:

- Duke Continuing Education must make all decisions regarding the receipt and disbursement of commercial support.
- Exhibitors and ineligible companies must not pay directly for any of the expenses related to the education or the learners.
- Duke Continuing Education may use commercial support to fund honoraria or travel expenses of planners, faculty, and others in control of content for those roles only.
- Duke Continuing Education must not use commercial support to pay for travel, lodging, honoraria, or personal expenses for individual learners or groups of learners in accredited education.
- Duke Continuing Education may use commercial support to defray or eliminate the cost of education for *all* learners.
- The terms, conditions, and purposes of the commercial support are documented in this agreement between the company and Duke Continuing Education.
- Duke Continuing Education will keep a record of commercial support received and how it was used and will produce that accounting, upon request, by the accrediting body or by the ineligible company that provided the commercial support.
- Duke Continuing Education must disclose to the learners the name(s) of the ineligible company(ies) that gave the commercial support, and the nature of the support if it was in-kind, prior to the learners engaging in the education.

*\*Disclosure must not include the ineligible companies' corporate or product logos, trade names, or product group messages.*

In connection with your participation, please sign this letter to acknowledge that you agree to hold Duke University Health System harmless from any liability, damages, or costs (including reasonable attorneys' fees) that may arise as a result of your exhibition at this event. Without limiting the breadth of this hold harmless agreement, you acknowledge that it shall extend to include the loss, damage, or theft of any equipment or materials you bring to the event site as well as injuries that you, your employees, or agents may incur.

Sincerely,  
Susan Charamut  
Duke Department of Surgery  
Office of Continuing Medical Education  
Erwin Square, 2200 W. Main St., Box 28  
Suite 510, Office 5121  
Durham, NC 27705  
919-681-6370

**I acknowledge and agree to the hold harmless provisions set forth in this letter.**

**Event Name:** 2025 Southeast Regional Transplant Summit

**Event Date:** October 11, 2025

**Exhibit Fee:** Gold - \$5,500

*\* Before the event date, please pay the hosting department within Duke University. Be advised that there are FDA restrictions on the promotion of investigational and pre-approved drugs and devices.*

**Company Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

# INDUSTRY REGISTRATION FORM

Southeast Regional Transplant Summit, October 11, 2025

**THIS FORM MUST BE RETURNED TO REGISTER / RESERVE YOUR SPOT**

## 1. COMPANY (HOW YOUR COMPANY WILL BE LISTED AS AN EXHIBITOR FOR THIS EVENT)

Exhibiting/Sponsoring Company

Address:

City:

State:

Zip:

Country:

Phone #:

## 2. PRIMARY CONTACT (PLEASE PROVIDE INFORMATION FOR MEETING CONTACTS TO RECEIVE ALL MEETING-RELATED CORRESPONDENCE)

Name:

Phone #:

Title:

Email:

Address:

Will primary contact be attending as an exhibitor?

City:

State:

☐ Yes

☐ No

Country:

Zip:

## 3. SPONSORSHIP LEVEL (PLEASE SELECT THE SPONSORSHIP LEVEL NOT INCLUDING ANY DISCOUNTS OR INCENTIVES. EXHIBITORS ARE PROVIDED COMPLIMENTARY REGISTRATIONS AS NOTED IN THE INDUSTRY PROSPECTUS)

☐ \$5,500 Gold Level

☐ \$2,500 Silver Level

1

Register additional Industry Staff at \$150

Total \$

## 4. PAYMENT (SELECT YOUR PAYMENT TYPE)

☐ **Credit Card Payment (PREFERRED)** is available on the registration website

☐ **ACH or Wire Transfer** (Domestic instructions)

Bank: Wells Fargo Bank, N.A.

420 Montgomery St, San Francisco, CA 94104

ABA#: 121000248 (Domestic only)

Beneficiary: Duke University Concentration Account

Beneficiary Address: 324 Blackwell St., Suite 900, Durham, NC 27701

Account # 2023740253053

Attn: Daren Perez, Transplant Summit Conference

**Remittance must be sent to confirm/process payment**

## 5. ATTENDEES (COMPLETE ALL INFORMATION FOR REGISTRATION PURPOSES; ATTACH ADDITIONAL SHEETS, IF NECESSARY)

### Complimentary attendees:

(1) Name

Title:

Email Address:

City:

State:

Phone #:

(2) Name:

Title:

Email Address:

City:

State:

Phone #:

### Additional attendees (you must pay the additional cost)

(1) Name:

Title:

Email Address:

City:

State:

Phone #:

(2) Name:

Title:

Email Address:

City:

State:

Phone #:

Continue to page 2

## 6. COMPANY INFORMATION (PLEASE INCLUDE INFORMATION TO BE DISPLAYED ON THE COURSE WEBSITE, MARKETING, AND MATERIALS.)

**Company Description** (PLEASE BE BRIEF; YOU ARE LIMITED TO 300 CHARACTERS)

**Company Representative** (TO BE INCLUDED AS THE PRIMARY CONTACT ON ALL MATERIALS; PLEASE SELECT ONE CONTACT)

**Name**

**Email**

**Phone #**

**Company website**

If you have exhibited in the past, we will use the logo on file. If there has been a change or you are a new exhibitor, please submit a PNG or JPEG file to [susan.charamut@duke.edu](mailto:susan.charamut@duke.edu). Note: only PNG or JPEG files can be accepted.

**7. AGREEMENT & AUTHORIZATION:** I am an authorized representative for this company with full power and authority to sign this application for exhibit/sponsorship. The company and its representatives agree to comply with all of the rules and regulations stated in the Industry Prospectus, as well as all policies added after the publication of the prospectus, which we accept as part of the agreement. I consent on behalf of the company and its representatives to allow the information provided here to be included in the course materials, marketing, and website and further consent to the use of any and all photography and video taken during the conference including the company booth and the company's representatives.

Authorized Signature:

Date:

**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.<br>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.)<br><b>DUKE UNIVERSITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                              |
|                                                        | 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 <b>one</b> of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .<br><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.<br><input type="checkbox"/> Other (see instructions) <b>501(C)(3)</b> |  | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) <b>1</b><br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <b>A</b><br><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.<br><b>PO BOX 104132 (FOR 1099 REPORTING ONLY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Requester's name and address (optional)                                                                                                                                                                                                                                                                      |
|                                                        | 6 City, state, and ZIP code<br><b>DURHAM, NC, 27708</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                              |
|                                                        | 7 List account number(s) here (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 |   |   |   |   |   |   |   |   |   |
| 5                              | 6 | - | 0 | 5 | 3 | 2 | 1 | 2 | 9 |

**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 <i>Kath K. Stagg</i> | Date <b>01-13-2025</b> |
|           |                                               |                        |

**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