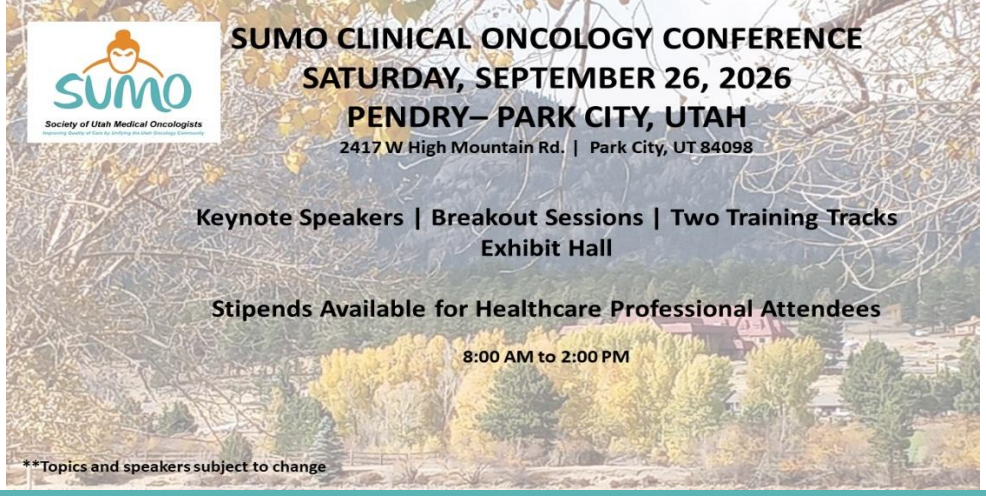



## RESERVE YOUR HOTEL ACCOMMODATIONS

To reserve overnight accommodations at The Pendry in the SUMO Room Block, use the link below:
https://book.passkey.com/e/51290245
Room Block Releases: August 27, 2026
After that, rooms will be on availability and daily rate.

Individual Pay – Must Provide Credit Card to reserve.

**Dear Corporate Member,**
The Society of Utah Medical Oncologists invite you to join us and exhibit at the ***2026 Clinical Oncology Conference.***

Date: Saturday, September 26, 2026
Site: The Pendry – Park City (2417 W. High Mountain Rd., Park City, UT 84098)
Time: 7:00 AM – 1:00 PM
Agenda: See Attached

**Exhibit Set Up: 6:30 AM – 7:00 AM**
**Registration:** The key contact for each organization must complete page 2 of this form and submit to pmoran@nextwavegroup.net to register. **Registration closes September 18, 2026. SUMO cannot guarantee exhibit space after September 18, 2026, or when all exhibit tables have been reserved, whichever comes first.**

**NOTE: Representative attendance is shown below and is the maximum participation from each Corporate Member and cannot be combined. No additional representatives will be permitted to register separately. Non-Corporate Members are not permitted to display/participate. MSLs and PharmDs will be considered part of the Membership Level Maximum and cannot register separately.**

**Display Fee Corporate Members - $1,500****

**** Key Contact must complete this form. Based on your Membership Level, you may qualify for complimentary booth registration. Contact Pam Moran pmoran@nextwavegroup.net to verify.**

**Key Contact must include all representatives on the form. Representatives are not permitted to register separately. DIAMOND ELITE MEMBERS MUST COMPLETE AND SUBMIT THE REGISTRATION FORM.**

| | With Display | | Without Display |
|---|---|---|---|
| *Diamond Elite Members | 6 representatives with display | | 4 representatives with no display |
| *Diamond Members | 5 representatives with display | OR | 3 representatives with no display |
| *Gold Members | 4 representatives with display | | 2 representatives with no display |
| *Silver Members | 3 representatives with display | | 1 representative with no display |

**CANCELLATION CLAUSE:** Your registration as a Corporate Member Exhibitor is confirmed upon receipt of the required registration form. Payment is expected at time of registration, but not later than September 18, 2026. If you need to cancel, email Pam Moran at pmoran@nextwavegroup.net. Registration fee will be credited or refunded in full if cancellation is received before September 18, 2026. **NO REFUNDS IF CANCELLED AFTER SEPTEMBER 18, 2026. NO SHOW POLICY: PAYMENT IS EXPECTED – NO EXCEPTIONS.**

**Mail payments to:**
Society of Utah Medical Oncologists
c/o SUMO Clinical Oncology Conference
574E Ritchie Highway,#271 | Severna Park, MD 21146
Phone: (801) 736-0086
Email: pmoran@nextwavegroup.net
**Electronic Payments can be made a www.SUMOCancer.org**
**Tax ID: #35-2323382**

# SUMO Clinical Oncology Conference Registration Form

**TO BE SUBMITTED BY KEY CONTACT. ALL REPRESENTATIVES MUST BE LISTED, INCLUDING MSLs and PharmDs. No additional representatives above your maximum limit will be accepted. No separate registrations and no badge switching. DIAMOND ELITE MEMBERS MUST SUBMIT THIS FORM TO SECURE YOUR BOOTH SPACE.**

**COMPLETION OF ALL FIELDS IS REQUIRED FOR EACH REPRESENTATIVE ATTENDING**

**Key Contact Name:** _____

**Company:** _____

**Email:** _____

**Phone #:** _____

***Attend only** ☐

***Display only** ☐

Each exhibitor representative must be registered to attend the meeting. No walk-in's or onsite registration. All information shown below is required.

Please complete submit to pmoran@nextwavegroup.net

Exhibitor Name: _____ Company: _____

Phone #: _____ Email address: _____

Exhibitor Name: _____ Company: _____

Phone #: _____ Email address: _____

Exhibitor Name: _____ Company: _____

Phone #: _____ Email address: _____

Exhibitor Name: _____ Company: _____

Phone #: _____ Email address: _____

Exhibitor Name: _____ Company: _____

Phone #: _____ Email address: _____

Exhibitor Name: _____ Company: _____

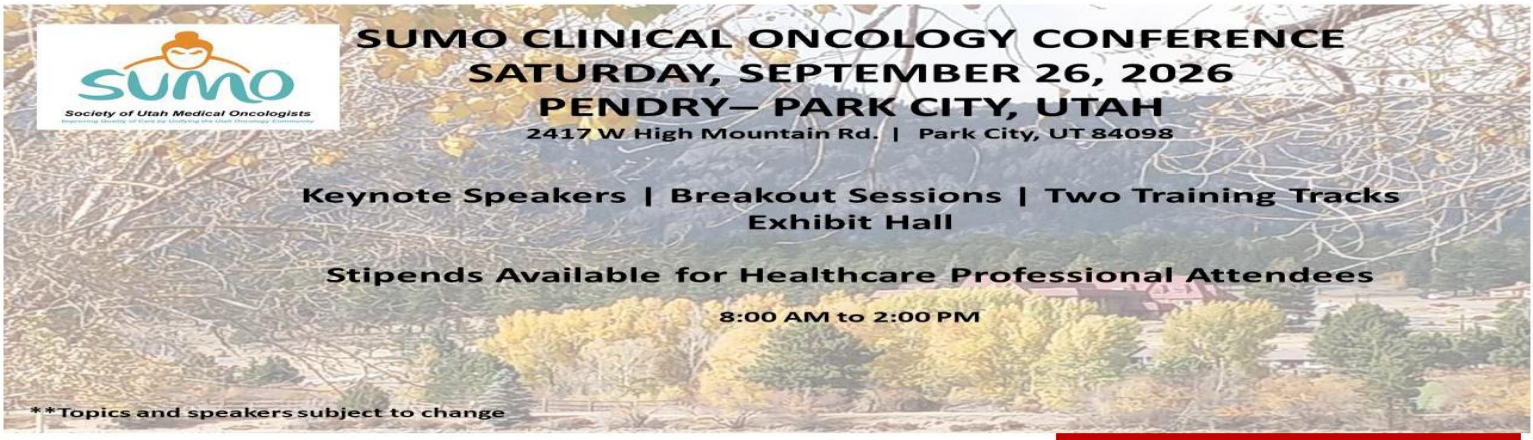
Phone #: _____ Email address: _____

Thank you for your support!

**Please email registrations to pmoran@nextwavegroup.net by September 18, 2026.**

**NOTE: SUBMIT YOUR INFORMATION EARLY TO GUARANTEE YOUR SPOT. EXHIBIT TABLES ARE LIMITED AND WILL BE ASSIGNED. PLEASE ADVISE OF ANY POTENTIAL CONFLICTS WITH OTHERS. WE WILL ATTEMPT TO ACCOMMODATE YOUR TABLE ASSIGNMENT TO AVOID ANY CONFLICT.**

**Be Well,**
***Robbi-Ann M. Cook, CAE, Executive Director***




# AGENDA

## SUMO Clinical Oncology Conference

**September 26, 2026 | The Pendry – Park City**

**7:00 AM Registration/Exhibit Hall/Breakfast** (The Foyer & Junior Ballroom)

**7:45 AM Welcome/Announcements**
*(Mark Lewis, MD – SUMO President – Intermountain Health)*

**8:00 AM** Topic T/B/D – CME Eligible
*(William McKean, MD, PhD – Intermountain Health)*

**9:00 AM Break Out Session** – CME Eligible
Session I: Topic T/B/D
***(Jeffrey Patterson-Fortin, MD, PhD – Huntsman Cancer Institute)***
Session II: Managing Bispecific T-Cell Engagers in Solid Tumor
***(Matthew Savas, PharmD – Huntsman Cancer Institute)***

**9:45 AM Break – Visit Exhibit Hall** (The Foyer & Junior Ballroom)

**10:00 AM Break Out Session** – CME Eligible
Session I: Topic: T/B/D
***(Samuel Wilhite, MD, Huntsman Cancer Institute)***
Session II: Topic: Cancer associated Anorexia and Fatigue: Study Based Interventions and Education that Matter
***(Gary Garner, MD – Utah Cancer Specialists)***

**10:45 AM Break – Visit Exhibit Hall** (The Foyer & Junior Ballroom)

**11:00 AM Break Out Session** – CME Eligible
Session I: Topic: T/B/D
***(Ivan Zendehas, MD – Intermountain Health)***
Session II: Topic: T/B/D
***(Nicole Orgain, PA-C, MPAS – Huntsman Cancer Institute)***

**11:45 AM – Presentation to Senator Johnson & Lunch (box lunches available)**

**12:00 PM – Panel Discussion – T/B/D CME Eligible**

**12:45 PM Closing Remarks/Wrap-Up**
*(Mark Lewis, MD – SUMO President – Intermountain Healthcare)*

**1:00 PM Advocacy Roundtable (RSVP Required)**
*(Kelly McAleer – SUMO Lobbyist - KM Consulting)*

**2:00 PM – 4:30 PM Board One-on-One Meeting with Diamond Elite Members**

PRELIMINARY

**VENUE: The Pendry Park City**
**2417 W. High Mountain Rd.**
**Park City, PA 84098**

**BOOK YOUR HOTEL ROOMS AT**
**https://book.passkey.com/e/51290245**
**BLOCK RELEASES: AUGUST 27, 2026**

In support of improving patient care, this activity has been planned and implemented by Society of Medical Oncologists (SUMO) and CME Outfitters, LLC. CME Outfitters LLC. is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

CME Outfitters, LLC designates this enduring activity for a maximum of XXXX *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Society of Utah Medical Oncologists (SUMO)
574E Ritchie Highway, #271
Severna Park, MD 21146
**Email:** admin@sumocancer.org
**Web:** https://sumocancer.org

**Questions? Contact**
**Robbi Cook, CAE**
**(rcook@nextwavegroup.net)**
**Pam Moran**
**(pmoran@nextwavegroup.net)**

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.)

Society of Utah Medical Oncologist, Inc.

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.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☑ Other (see instructions) 501(c)6

4 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.)*

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 . . . . . ☐

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

574E Ritchie Hwy, #271

Requester's name and address (optional)

6 City, state, and ZIP code

Severna Park, MD 21146

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 5 | – | 2 | 3 | 2 | 3 | 3 | 8 | 2 |

## 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 Doralee Billings Date 01.01.2026

# 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