ALSAM

Alabama Society of Addiction Medicine
Annual CME Conference
and Membership Meeting

2026
Exhibitor Opportunities

Annual CME Conference
and Membership Meeting
September 18-19, 2026

Valley Hotel
Homewood, AL

ALSAM
19 S. Jackson Street
Montgomery, Ala. 36104
(334) 954-2500
Fax (334) 269-5200
www.alabama-sam.org

About ALSAM

The Alabama Society of Addiction Medicine (ALSAM) is a nonprofit organization comprised of physicians, counselors, social workers, nurses and treatment coordinators. Our purpose is to protect and enhance the public health. One of the ways that ALSAM achieves its purpose is by providing educational opportunities for the healthcare professionals and the general public, in order to relate the latest advancements in the field of addiction medicine.

Each year, ALSAM hosts a scientific conference designed to educate addiction treatment professionals throughout the state in the latest evidence based advancements in the field of addiction medicine. Providers from various treatment approaches are able to come together and collaborate in the effort of creating an integrated-multidisciplinary approach. It is through this collaboration and integration that our members can help patients choose the correct therapies or combination of therapies to serve their unique needs.

During the conferences, companies may exhibit and/or provide an unrestricted educational grant that goes toward the overall cost associated with the conference. Participation from our corporate partners allows our members to learn more about products and services available in Alabama.

Exhibitor Guidelines

Meeting Date and Location

September 18-19, 2026
Valley Hotel
18th Street South
Homewood, AL 35209

Exhibit Setup and Break Down

Exhibit space includes one six-foot display table, two chairs and trash can. Pipe and drape is not available. Exhibitors may use stand-alone or table-top exhibits. Set up and take down times, agenda and shipping information will be sent one month prior to the meeting dates. Electricity, wifi and audio/visual equipment, will not be available.

Special Requests

If you have a special request for booth placement in the Exhibit Hall to accommodate pop-up displays or other media, please please contact Amanda Ingram at (334) 300-6616 or by e-mail at ***aingram@alamedical.org.***

Company Recognition

In order to ensure your company's recognition in printed meeting materials, your completed registration form and payment must be received no later than two weeks prior to the conference date.

Exhibit Staff and Event Attendance

Exhibit registration includes attendance for up to two representatives, display time breakfast and breaks. Please update us if your attendee changes.

Concurrent Events

No exhibitor may hold any event at the same time as any ALSAM-sponsored event. However, there are no restrictions providing dinners and events (on-site or off-site) during "free" times.

Booth Sharing

No subletting or sharing exhibit space by more than one company or organization will be permitted. Two companies who desire to exhibit together must pay for two booths. Upon request, ALSAM staff will make every effort to place companies next to each other in the exhibit hall.

Shipping Booth and Exhibit Materials

Exhibitors should make arrangements with host hotels for receiving and shipping of exhibit materials. ***ALSAM staff will not be liable for storing, transporting or retrieving any exhibitor materials to or from the hotel or other facility.***

At the end of the event, please make sure you have made arrangements for your booth materials before you leave the venue. ALSAM will not be responsible for anything left in the Exhibit Hall at the end of the day.

Cancellation Policy

The deadline to cancel exhibit space is 30 days prior to the date of the event. Cancellations must be in writing by mail or e-mail and will not be accepted by telephone. If a company fails to cancel by the 30-day cut-off, it will be listed as a "No show" and the company will not receive a refund.

Suitcasing Policy

Suitcasing is the action of soliciting business during the ALSAM conference, including another company's booth or the conference facility lobby. Please note that while all meeting attendees are invited to the Exhibit Hall, any person who HAS NOT paid for an Exhibit Booth at the conference that is observed to be soliciting business in the aisles or other public spaces, in another company's booth, or is in violation of any portion of the Exhibit Policy, will be asked to leave immediately. Additional penalties may be applied.

Attendee List

ACCME requires that attendees "opt in" to give permission for their name and contact information to be shared with exhibitors. The list will include name, practice name, city and state.

2026 ALSAM Exhibitor Registration Form

COMPANY INFORMATION *PLEASE PRINT CLEARLY*

Exhibiting Company Name to appear on promotions: _____

Company Contact: _____ E-mail: _____

Primary Phone: ❑ Office ❑ Cell _____ Business Type: _____

Company Address: _____
Street or PO Box City, State Zip

EXHIBIT SPACE REGISTRATION

..... ❑ ***$1500***

..... ❑ ***$1000 Nonprofit***

First Attending Rep's Name: _____ E-mail: _____

Second Attending Rep's Name: _____ E-mail: _____

UNRESTRICTED EDUCATIONAL GRANTS

Our company would like to provide an unrestricted educational grant ..... $_____

Grand Total Due (Exhibit Fee and Grant)..... $_____

Your signature acknowledges your understanding that exhibitors assume all responsibilities and agree to protect against all claims, losses and damages to persons or property; and guarantees payment in full as indicated on this form. ALSAM and the Medical Association of the State of Alabama shall not be held responsible for any claims, losses and/or damages to persons or property. ALSAM reserves the right to reject a company or agency as an exhibitor without explanation.

Signature: _____ Date: _____

METHOD OF PAYMENT

❑ VISA ❑ MasterCard ❑ American Express ❑ Check made payable to ALSAM

Name on Card: _____ E-mail address for receipt: _____

Billing Address: _____

City, State, ZIP: _____

Card Number: _____ Exp. Date: _____

Security Code: _____ Signature: _____ Amount: $ _____

INSTRUCTIONS

Return signed form with your payment to Amanda Ingram, P.O. Box 1900, Montgomery, AL 36102. Or, to pre-reserve your booth (recommended), fax this form to (334) 269-5200 or e-mail it to ***aingram@alamedical.org*** and note that payment will follow under a separate cover.

ALSAM Tax ID#: 63-1006292

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.)

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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) Non-profit coprporation exempt under 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.

19 S. Jackson St

Requester's name and address (optional)

6 City, state, and ZIP code

Montgomery, AL 36104

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

2	4	–	1	9	6	8	2	9	4

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** Angela Barentine **Date** 5/6/24

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