

5th ANNUAL

# SPIKE OUT SEPSIS ATLANTA VOLLEYBALL TOURNAMENT



The Southeast Chapter of the Society of Critical Care Medicine is proud to present our 5TH ANNUAL SPIKE OUT SEPSIS ATLANTA TOURNAMENT, scheduled to take place on Saturday, September 15, 2018 in Atlanta, Georgia. This event is a fun 6-on-6, amateur beach volleyball tournament that raises much-needed funds for Sepsis Alliance, and promotes sepsis awareness. Our first Atlanta event in September 2014, attracted sepsis survivors, healthcare professionals, as well as members of the community. Together we raised over \$6,000 for Sepsis Alliance, and this year we anticipate to at least triple that amount! We hope you'll join us in the fight against sepsis. Please contact Ashley DePriest (ADePriestRD@gmail.com) for questions, or if you're interested in being a company sponsor.



**Location: McPherson Beach, 4650 Oakhurst Lane, Alpharetta GA 30004**

# 5 FACTS ABOUT SEPSIS



*Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death.*

- 1 Sepsis is the third leading cause of death in the U.S. (after heart disease and cancer) taking more than 258,000 lives every year.
- 2 There are more than 1.6 million cases of sepsis each year and survivors often face long-term effects post-sepsis, including amputations, anxiety, memory loss, chronic pain and fatigue, and more.
- 3 Sepsis is also the most expensive in-hospital condition in the U.S., costing more than \$20 billion each year counting just acute care in-hospital costs.
- 4 In North America, members of the general public and healthcare professionals don't always recognize the beginning of sepsis.
- 5 Unfortunately, because of the speed at which sepsis develops and worsens, the longer it takes to detect, the lower the chances of treating it successfully.

## RAISING AWARENESS



With adequate funding, Sepsis Alliance and the Southeast Chapter of the Society of Critical Care Medicine can work to raise public and professional awareness of this often fatal condition. We are able to develop and distribute educational material, in print and electronically, for the general public, and for healthcare professionals to use when speaking with patients and families. The Southeast Chapter of the Society of Critical Care Medicine works to provide critical care research and education within the healthcare field and works with organizations like the Sepsis Alliance to further community education.

## BECOME A SPONSOR



As a community partner, we hope you will join us by supporting our 4th Annual Spike Out Sepsis Atlanta event. All proceeds will benefit the Southeast Chapter of the Society of Critical Care Medicine's vital services that promote sepsis awareness within healthcare and also in the community. Various tiers of sponsorship packages are available.

## EDUCATIONAL OPPORTUNITIES



Throughout the tournament exhibitors will have the opportunity to educate healthcare professionals on their products and services, that includes at least 60 minutes of dedicated time scheduled for participants and spectators to visit with vendors before and during the event (during breaks and lunch). Each exhibitor will be encouraged to submit two questions about their products/services prior to the event, to be used during an ice-breaker game during the morning welcome session and throughout the tournament. This event will also consist of an educational component informing participants and spectators about updates in sepsis identification, treatment, and complications through a 45 to 60-minute presentation during the lunch hour. The slides will be playing on a screen and all participants will have access to the presentation for future reference.

## CONTACT INFORMATION

We greatly appreciate your support and hope to develop an ongoing relationship with you. The SCCM tax ID number is 62-1546226, and a W-9 Form has been included in this sponsorship package.

For more information please call or email - (404) 616-1083, [communications@sccmse.org](mailto:communications@sccmse.org)

# SPONSORSHIP LEVELS

Post-event Benefits for All Sponsor Levels: Company Representative Quote to Appear in Post Event SCCMSE Chapter Newsletter Release; Inclusion in Post-event Email Blast; Inclusion in Event Tweets and on SCCM SE Chapter Facebook Page

## PLATINUM SPONSOR \$1,000



- Prominent company name recognition at event (largest sized logo on banner)
- Company volunteer opportunities for day of event (optional)
- Name and Logo featured on Fundraising website, SCCMSE Website (more prominent logo size for higher level sponsorships)
- Name and Logo on back of event T-shirt
- Exhibitor Table Space (manned or unmanned) at the event
- Company Representative quote to appear in post event SCCMSE Chapter Newsletter
- Name and Logo inclusion in post-event Email Blast
- Acknowledgement in SCCMSE Event Tweets/Facebook posts

## GOLD SPONSOR \$500



- Name recognition at event (medium sized logo on banner)
- Name and Logo featured on Fundraising website, SCCMSE Website (more prominent logo size for higher level sponsorships)
- Name and Logo on back of event T-shirt
- Exhibitor Table Space (manned or unmanned) at the event
- Name and Logo inclusion in post-event Email Blast
- Acknowledgement in SCCMSE Event Tweets/Facebook posts

## SILVER SPONSOR \$250



- Name recognition at event (logo on banner)
- Name and Logo featured on Fundraising website, SCCMSE Website (more prominent logo size for higher level sponsorships)
- Name and Logo on back of event T-shirt
- Name and Logo inclusion in post-event Email Blast
- Acknowledgement in SCCMSE Event Tweets/Facebook posts

## BRONZE SPONSOR GOODS & SERVICES



- Name and Logo featured on Fundraising website, SCCMSE Website (more prominent logo size for higher level sponsorships)
- Acknowledgement in SCCMSE Event Tweets/Facebook posts

Note: Goods and services may be donated for use during the actual event or as part of an event raffle for participants as a way to raise additional funds for Sepsis Awareness.

Are you interested in supporting our event?

Please call or email - (404) 616-1083, [communications@sccmse.org](mailto:communications@sccmse.org)



## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Southeast Chapter of Society of Critical Care Medicine</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> <b>C Corporation</b>    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>1631 Wehunt Place SE</b></p> <p><b>6</b> City, state, and ZIP code. <b>Smyrna, GA- 30082</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

<p><b>Part I Taxpayer Identification Number (TIN)</b></p> <p>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.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">-</td> <td colspan="2" style="text-align: center;">-</td> <td colspan="4"></td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>or</b></td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width: 25px; height: 25px; text-align: center;">6</td> <td style="width: 25px; height: 25px; text-align: center;">2</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">-</td> <td style="width: 25px; height: 25px; text-align: center;">1</td> <td style="width: 25px; height: 25px; text-align: center;">5</td> <td style="width: 25px; height: 25px; text-align: center;">4</td> <td style="width: 25px; height: 25px; text-align: center;">6</td> <td style="width: 25px; height: 25px; text-align: center;">2</td> <td style="width: 25px; height: 25px; text-align: center;">6</td> </tr> </table>	<b>Social security number</b>																				-				-						<b>or</b>										<b>Employer identification number</b>										6	2		-	1	5	4	6	2	6
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<p><b>Part II Certification</b></p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>I am a U.S. citizen or other U.S. person (defined below); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><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.</p>	
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<b>Sign Here</b>	<p>Signature of U.S. person ▶ <i>Rita Sayed</i></p>	<p>Date ▶ <i>5/11/18</i></p>
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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).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.