

# **SPONSORSHIP and EXHIBITOR OPPORTUNITIES**

## **Orthopedic and Sports Medicine Symposium 2026**

**Friday, March 27, 2026**

**Overland Park Convention Center, Overland Park, KS**

**Hands-On Workshops ~ Thursday, March 26, 2026**

**Presented by:**



**THE UNIVERSITY OF  
KANSAS HEALTH SYSTEM**



**Kansas City  
Southwest Clinical Society**





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6000 College Blvd, Overland Park, KS**

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The Orthopedic and Sports Medicine Symposium, presented by The University of Kansas Health System and the Kansas City Southwest Clinical Society, is a highly anticipated event that brings together healthcare providers from all over the region. This year, it will take place on March 26 and 27, 2026 at Overland Park Convention Center, 6000 College Blvd, Overland Park, Kansas. This venue is the perfect setting for the symposium focused on the latest advancements and best practices in orthopedic and sports medicine.

The symposium boasts an impressive lineup of speakers, including team physicians for the Kansas City Royals, Kansas City Chiefs, Kansas City Current and the University of Kansas Athletics. These experts will share their insights and experience with an audience of more than 375 healthcare professionals, including physicians, physician assistants, nurse practitioners, chiropractors, athletic trainers, and physical therapists. Attendees will have the opportunity to learn from these top-tier speakers and engage in discussions about the latest research, techniques, treatments, and rehabilitation methods in the field.

The symposium offers designated vendor visiting times for attendees to explore the exhibit area and network with industry leaders. These times, which are scheduled for 9:40 am to 10 am and 2:35 pm to 2:50 pm on Friday, March 27, 2026, are great opportunities for exhibitors to showcase their products and services to a targeted audience. Complimentary refreshments and a chance to win a gift basket will be provided during these times, making it even more enticing for participants to visit the exhibit area.

Besides the live event, exhibitors will also receive exposure through the conference materials that will be distributed to all attendees. Sponsors will have their organization name, contact information, and product description included in these materials. Sponsorship opportunities are available for \$6,000, which includes a complimentary exhibit table. Interested sponsors can submit an Sponsorship and Exhibit Request form online and make payment through credit card or check. Any checks should be made out to Kansas City Southwest Clinical Society and sent to their office at 9140 Ward Parkway, Suite 210, Kansas City, MO 64114. The society's Tax ID number is 44-0309060 and a current W-9 in this prospectus. It is important to note that payment must be received before a space can be assigned. Special financial arrangements can be made if needed and should be discussed with Ruth Smerchek.

Join us at the Orthopedic and Sports Medicine Symposium 2026 to expand your client base and network with healthcare professionals. We look forward to having you as part of this exciting event that brings together the best in Orthopedics and Sports Medicine. Register now and secure your spot at one of the most highly anticipated conferences of the year.

Sincerely,

*Matthew Vopat, MD*

The University of Kansas Health System

# SPONSORSHIP OPPORTUNITIES

**Display Friday, March 27, 2026**

## **\$6,000 Sponsorship**

- Named recognition on conference website and e-mail blasts
- Named recognition on participants' conference guide
- Named thank you during the announcements and event signage
- Exhibit space amenities (listed under "Exhibit Space Furnishings" below)

## **Exhibit Assignment:**

Exhibits will be in the foyer of the meeting room. Space is limited to 20 vendors and available on a first-come, first-served basis, determined by request and payment date. KCSWCS reserves the right to redesign the layout of the exhibit tables and may, at their discretion, reassign booth placement as needed.

## **Exhibit Space Furnishings:**

- One six-foot, draped table
- Two chairs
- Complimentary Wi-Fi
- Electricity, available upon request

## **Designated Exhibit Times:**

Exhibits will be open on Friday, March only. Designated visiting times are listed in the on-site conference guide. All conference attendees are invited to the exhibit area for complimentary refreshments during these times. Exhibitors are encouraged to staff tables during these times.

## **Fee Payment:**

Payment can be made with a credit card or e-check at <https://kcswcs.memberclicks.net/OrthoExh26>. Make checks out to Kansas City Southwest Clinical Society and mail to KCSWCS, 9140 Ward Parkway, Suite 210, Kansas City, MO 64114. KCSWCS's Federal Tax ID 44-0309060. Payment is due with your application unless prior arrangements have been made with the KCSWCS Executive Director.

## **Food, Drink and Prizes at Exhibit:**

No food or drink may be served at an exhibit space that is not purchased through the Overland Park Convention Center. Prize drawings or contests are allowed and must be open to all attendees.

## **Security:**

There is no formal security at the event. KCSWCS cannot guarantee against loss or damage of any kind. Exhibitors assume all risk of loss or damage. Exhibitor assumes responsibility and hereby agrees to protect, indemnify, defend and hold KCSWCS and agents harmless against all claims, losses, and damages to persons or property, governmental charges or fines, and attorney fees arising out of or cause of exhibitors' installation, removal, maintenance, occupancy or use of the exhibitor premises or a part thereof. Exhibitor agrees that KCSWCS shall not be responsible for any exhibit items that are lost, stolen, damaged, or destroyed during the Conference, including setup or tear down.

# AGENDA

## Workshops, Thursday, March 26, 2026 (ticketed event)

- 5:30 pm Registration and Welcome Reception
- 6:00 pm Choose one workshops
- 7:00 pm Choose one workshops

## Workshops

**Roundtable Case Discussion** lead by **Paul Schroeppe, MD**, Department Chair and Associate Professor, University of Kansas Medical Center; Orthopedics and Sports Medicine, The University of Kansas Health System; Head Team Orthopedist, Kansas City Chiefs; *with Bryan Vopat, MD; Matthew Vopat, MD; Lisa Vopat, MD; and Erik Henkelman, MD*

**Diagnostic Ultrasound Workshop** lead by **Brian "Mac" Everist, MD, MBA**, Associate Professor, University of Kansas Medical Center; Radiology, The University of Kansas Health System; *with Samuel Hund, MD*, Assistant Professor, University of Kansas Medical Center; Radiology, The University of Kansas Health System; **Scott Mullen, MD**; *and Mitchell Birt, MD*

## Symposium, Friday, March 27, 2026

- 6:45 am Registration
- 7:30 am Welcome and Announcements
- 7:40 am **Managing Spine Injuries in Athletes: From Assessment to Return to Play**, **Joshua Bunch, MD**, Associate Professor, Orthopedic Surgery and Sports Medicine, The University of Kansas Health System
- 8:20 am **Optimizing Performance and Longevity in the Mature Throwing Athlete**, **Vincent Key, MD**, Associate Professor, University of Kansas Medical Center; Orthopedics and Sports Medicine, The University of Kansas Health System; Medical Director and Head Team Physician, Kansas City Royals *and Kyle Veazey, PT, DPT, OCS*, Sports Medicine & Performance Center, The University of Kansas Health System
- 9:00 am **Protecting the Rotator Cuff: Evidence Based Strategies**, **Matthew Vopat, MD**, Assistant Professor, University of Kansas Medical Center; Orthopedics and Sports Medicine, The University of Kansas Health System; Team Physician, Kansas City Current; *and Beau Cohen, PT, DPT, OCS, CMPT*, Physical Therapist, The University of Kansas Health System
- 9:40 am *Break and Visit Exhibitors*
- 10:00 am **Optimizing Athletic Function: Rethinking Achilles Injury Prevention and Care**, **Bryan Vopat, MD**, Associate Professor, University of Kansas Medical Center, Orthopedic Surgery and Sports Medicine, The University of Kansas Health System; University of Kansas Athletics Consultant; Team Physician, Kansas City Chiefs *and Kyle Martin, PT, DPT, COMT, OCS*, Sports Medicine & Performance Center, The University of Kansas Health System
- 10:40 am **Keeping Hamstrings Healthy: Strategies for Prevention, Management, and Return to Sport**, **Scott Mullen, MD**, Associate Professor, University of Kansas Medical Center; Orthopedics and Sports Medicine, The University of Kansas Health System; University of Kansas Athletics Consultant; Team Physician, Kansas City Chiefs *and Jennifer Talone, PT, DPT*, Physical Therapist, The University of Kansas Health System
- 11:20 am **Beyond Guesswork: Concussion Care for Athletes**, **Lisa Vopat, MD**, Clinical Assistant Professor, University of Kansas Medical Center; Orthopedics and Sports Medicine, The University of Kansas Health System
- 12:00 pm *Lunch Buffet*
- 12:30 pm **Keynote by Raven Jemison**, President, KC Current
- 1:15 pm **Thoracic Outlet Syndrome: The Overlooked Problem**, **Mitchell Birt, MD**, Assistant Professor, University of Kansas Medical Center; Orthopedics and Sports Medicine, The University of Kansas Health System; *and Morgan Funk, DPT*, Physical Therapist, The University of Kansas Health System
- 1:55 pm **Returning to Work After Sports Injuries: Practical Strategies for Safe and Effective Recovery**, **Erik Henkelman, MD**, Assistant Professor, University of Kansas Medical Center; Orthopedics and Sports Medicine, The University of Kansas Health System; Team Physician, Kansas Team Health
- 2:35 pm *Break and Visit Exhibitors*
- 2:50 pm **Peptides & Supplements: Fact vs. Fiction**, **Faculty to be determined**
- 3:30 pm **Mind Over Age: Overcoming Challenges in the Aging Athlete**, **Brett Woods, PhD, CMPC**, Sport Psychologist, Clinical Assistant Professor, University of Kansas Medical Center; Psychiatry and Behavioral Sciences, The University of Kansas Health System
- 4:15 pm Evaluation and Adjourn

**W-9**

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](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 <b>Specific Instructions</b> 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.)  Kansas City Southwest Clinical Society					
	2 Business name/disregarded entity name, if different from above.					
	<p>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.</p> <p><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) . . . . .</p> <p><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.</p> <p><input checked="" type="checkbox"/> Other (see instructions)   <b>non-profit</b></p>					
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 . . . . .						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.)
5 Address (number, street, and apt. or suite no.). See instructions. 9140 Ward Parkway, Suite 210			Requester's name and address (optional)			
6 City, state, and ZIP code Kansas City, MO 64114						
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									
<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
or									
Employer identification number									
4	4	-	0	3	0	9	0	6	0

## 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	Ruth Smercheck	Date	January 20, 2026
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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

## Sponsorship and Exhibit Reservation:

# Orthopedic and Sports Medicine Symposium 2026

March 27, 2026 Overland Park Convention Center, Overland Park, KS

Apply online at <https://kcswcs.memberclicks.net/orthoexh26>

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Product: \_\_\_\_\_

If possible, please do not place our company next to the following companies:

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### Sponsorship and Exhibit Fee

Sponsor \$6,000

### Payment - Kansas City Southwest Clinical Society is managing exhibits for the event.

KCSWCS Federal Tax ID: 44-0309060

- Check is enclosed. Make check payable to KCSWCS.
- Check mailed prior to meeting. Payment must be received before a space is assigned.
- Pay online at <https://kcswcs.memberclicks.net/orthoexh26>
- Credit card payment.     Visa     MasterCard     Discover     American Express

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_

### Terms and Conditions

When the exhibitor request and payment is accepted by KCSWCS it becomes a contract and the exhibiting company must abide by all conditions as set forth in this prospectus. Exhibitor assumes responsibility and hereby agrees to protect, indemnify, defend and hold safe the Kansas City Southwest Clinical Society and agents harmless against all claims, losses, and damages to persons or property, governmental charges or fines, and attorney fees arising out of cause of Exhibitor's installation, removal, maintenance, occupancy or use of the exhibitor premises or a part thereof. Exhibitor agrees that the KCSWCS shall not be responsible for any exhibit items that are lost, stolen, damaged or destroyed during the Conference, including setup or tear down. Under government order of emergency or other fair reasons beyond its control, KCSWCS reserves the right to cancel the exhibit with a full refund of space payments made.

*I have read and understand the conditions above. By signing below I am indicating my company's agreement to become an exhibitor for the Orthopedic and Sports Medicine Symposium 2026 and abide by the terms and conditions set forth in this prospectus.*

Authorized Signature \_\_\_\_\_

**Return request with payment to:** KCSWCS, 9140 Ward Parkway, Suite 210, Kansas City, MO 64114.

Phone: 816.523.3383. E-mail: [ruth@kcswcs.org](mailto:ruth@kcswcs.org) Web site: [www.kcswcs.org](http://www.kcswcs.org)