

GI Gastroenterology &
Hepatology Advanced
Practice Providers

APP 26

SUMMIT

Celebrating 5 Years



Gastroenterology,
Hepatology, and Nutrition

Exhibitor Opportunities

Gastroenterology Advanced Practice Provider Summit

October 29-30, 2026

Graduate by Hilton Minneapolis

Questions?

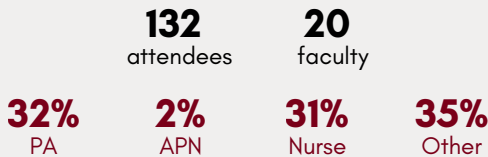
Shelby Gill, gillx236@umn.edu

Learn more

z.umn.edu/GIAPPSummit

You're invited to join us for our 5th Annual GI APP Summit!

2025 Attendee Demographics



Tentative Schedule

Thursday PM

2:30pm: Check-in & Registration
3:00pm: Welcome
3:15pm: GLPIs & MASLD
3:45pm: Disordered Eating (w/ GLPIs)
4:15pm: Break / visit exhibitors
4:30pm: Neuromodulators for Functional Disease Management
5:00pm: Small Group Discussions
5:30pm: Networking Reception*
6:30pm: Keynote: Integrating AI into Clinic
7:30pm: End

Friday AM

7:45am: Breakfast & Check-in
8:15am: Welcome
8:30am: Hepatology Outpatient Challenges
9:00am: Case: Liver
9:45am: Case: Gastroparesis
10:30am: Break / visit exhibitors
11:00am: GI Implications of Cancer Therapy
11:30am: Perimenopause in GI
12:00pm: SIBO & GI Mapping

Friday PM

12:30pm: Lunch & Product Showcase
1:30pm: IBD Medication Update
2:00pm: IBD & Early Referral for Surgery
2:30pm: Things we Do (in GI) for No Reason
3:00pm: End

*Thursday's Networking Reception & Keynote will be open to GI Division alumni, faculty, affiliates, fellows, engaged patients, and Summit attendees. The Networking Reception will take place in the exhibit hall.

Exhibit Opportunity - \$5,500

This fee includes:

- One 5-foot table-top display and 2 chairs located in exhibit space outside of meeting room
- Hors d'oeuvres, continental breakfast, refreshments, snack breaks, and lunch for 2 representatives
- Acknowledgement as "Conference Exhibitor" in course materials and signage (by name, no logo)
- Observation of educational activity for representatives (no CE credit)
- List of attendees (opt in list)
- Thursday Evening Reception & Keynote - networking reception and keynote speaker. University and community physicians, GI Division alumni, fellows, and more will be invited to attend.
- One page to be included in the online exhibit portfolio that will be distributed by email to all in-person and webinar attendees
- Exhibitor Passport Program - each conference attendee will get a 'passport' that they can get stamped at each exhibitor table. Conference attendees who turn in a completed passport at the end of the conference will be entered into a lottery for a prize.
- **New This Year:** Clinical Case Posters in Exhibit Hall - Educational clinical case posters will be displayed throughout the exhibit space to encourage attendee traffic, engagement, and interaction with exhibitor tables.

Add On Option: Product Showcase - \$4,000

Quantity Available: 1 - by lottery selection, see below for details
Price is in addition to purchasing an exhibit table

Your organization can develop and provide a promotional or educational program. This will be held during the scheduled lunch session on Friday, October 11. A buffet lunch will be provided for attendees. Travel coordination for the speaker(s) is the responsibility of your organization. The talk can last for up to 40 minutes of the 1 hour lunch session. Companies must submit a list of potential speakers to the Course Directors for final approval.

The non-accredited symposium will be held in a separate room, different from the space where the accredited education courses will occur. The symposium will be listed in the program as a non-accredited event, in accordance with ACCME rules and the company will be listed as the provider of the symposium in the program.

Lottery Details: Companies that submit our agreement form and express interest in the Product Showcase will be entered into a random drawing on June 1, 2026. All interested companies will be notified of the results by June 5, 2026.

Location

Graduate Hotel by Hilton
Minneapolis
615 Washington Ave SE
Minneapolis, MN 55414
Also offered as live webinar

Questions

Shelby Gill
gillx236@umn.edu
(218) 259-5953
z.umn.edu/GIAPPSummit

Reserve Your Spot!

Complete and return the attached Interest Form.

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INTEREST FORM

COMPANY INFORMATION

Company/Organization Name (as it should appear in print):

Contact Name:

Contact Title:

Contact E-Mail:

Contact Phone:

Billing Address:

Company Website:

Name(s) of Person(s) Exhibiting (if applicable):

1) _____

2) _____

WE WISH TO PARTICIPATE IN THE FOLLOWING MANNER:

Exhibitor (\$5,500)

Exhibitor & Product Showcase (\$9,500)

Interest Form must be submitted by June 1, 2026 to enter the lottery drawing for the Product Showcase. Selected companies will be notified by June 5, 2026.

Companies not selected in the lottery will automatically be given a standard exhibitor space at \$5,500.

Please note: Companies that have previously been selected to provide the Summit's Product Showcase are not eligible for this opportunity in 2026.

Invoicing & Payment: Please email this completed form to Shelby Gill (gillx236@umn.edu). We will follow up by providing a University of Minnesota Exhibitor Agreement, which you are required to sign to confirm your participation. Once the Agreement is signed, we will generate an invoice for your company.

All opportunities are available on a first come first serve basis. All exhibitors and other supporters must have a fully executed exhibitor agreement form in order to confirm your spot.

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REQUEST LETTER

Dear Industry Partner,

On behalf of the Regents of the University of Minnesota, through its Office of Continuing Professional Development, we invite your organization to participate as an exhibitor at the University of Minnesota Division of Gastroenterology, Hepatology, and Nutrition APP Summit, taking place October 29-30, 2026 at the Graduate Minneapolis Hotel in Minneapolis, MN. Virtual access will also be available. We anticipate approximately 100 in-person attendees.

The Conference Exhibitor opportunity is \$5,500 and includes one 5-foot tabletop exhibit space located outside the meeting room, two chairs, meals and refreshment breaks, observation of educational sessions for one representative, acknowledgment in course materials and signage, and one page in the Online Exhibit Portfolio. Exhibitors will also be invited to attend the Thursday evening welcome reception and networking event, and the conference will feature an Exhibitor Passport program to encourage attendee interaction with participating companies.

The program will feature lectures and case discussions on IBD management, hepatology, functional GI disorders, emerging therapies such as GLP-1s, and the integration of artificial intelligence into clinical practice.

The University of Minnesota Interprofessional Continuing Education program is a Joint Accredited Provider. This activity will offer AAPA, ANCC, AMA and ACPE credit to attendees.

To participate, companies must sign the University of Minnesota Accredited CE Exhibitor Agreement (UMN ACE-EA). Once you have submitted a signed UMN ACE-EA, your spot will be reserved and you will be provided with instructions for payment. Details and policies can be viewed at z.umn.edu/GIAPPSummit.

For questions, please contact Shelby Gill at gillx236@umn.edu.

Thank you for your consideration.

Sincerely,

APP Summit Course Directors

Byron Vaughn, MD

Amanda Hjeltness, PA-C

Andrea Pitzl, PA-C

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.) <u>Regents of the University of Minnesota</u>	
	2 Business name/disregarded entity name, if different from above. <u>University of Minnesota</u>	
	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. <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) _____ 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. <input checked="" type="checkbox"/> Other (see instructions) <u>State Government</u>	
	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"/>	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>3</u> Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <u>C</u> <i>(Applies to accounts maintained outside the United States.)</i>	
5 Address (number, street, and apt. or suite no.). See instructions. <u>c/o University Tax Management Office, 2221 University Ave SE, Suite 100</u>		Requester's name and address (optional)
6 City, state, and ZIP code <u>Minneapolis, MN 55414</u>		
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.

Social security number													
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4	1	-	6	0	0	7	5	1	3				

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.

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 <u>Kirsten M. Muller</u>	Date <u>1/2/2026</u>
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Suppliers:
Please note that the University's above address is used for tax purposes only. It is not a remit-to-address.

For all correspondence, including payments, please directly contact the U of M Department that you are working with.

U of M Department:
Please complete the following by filling in your department information before sending to the supplier.

U of M Department: Department of Medicine

Contact Name and Phone: Shelby Gill, 218-259-5953

Mailing/Email Address: 420 Delaware St SE, Minneapolis, MN 55455 \ gillx236@umn.edu