



9TH ANNUAL CHRONIC PAIN CONFERENCE

SPONSOR INFORMATION *2026*

Greetings ~

The Colorado Pain Society would like to invite you to the 9th Annual Chronic Pain Conference, October 16 – 18, 2026, Vail, CO at The Hythe.

This will be a CME event in conjunction with Medical Education Resources for healthcare providers including pain physicians, DOs, PhDs, PAs, RNs, NPs, and others in the fields of primary care and pain medicine.

NEW 2026!

Release of Attendee Contact Information to Sponsors

Following Sponsor feedback, CPS is pleased to announce we have reached an agreement with our CME provider that will permit us, with the provision of an attendee opt-out option, to provide attendee contact information to our Sponsors.

Return to Single-Tier Sponsorship

CPS announces our return to the more straightforward, single-tier Sponsor registration option.

Return to All In-Person Attendance

Following Sponsor feedback, the Colorado Pain Society has agreed to end its remote attendance option and return to an all in-person conference attendance format, increasing the on-site networking capacity.

New Exhibit Hall

As of 2026, the Sponsor Exhibit Hall will now be in the Grand Ballroom's Foyer, directly adjacent to the General Session room. This function space will best suit sponsor table placement as well as accompanying marketing materials and vertical display items.

Sponsor Registration \$3,000

Sponsor package includes: conference registration, name badges, 6 ft. table with linen, chairs, table tent card, waste basket, and power (**must be requested no later than September 18, 2026**). Our sponsors are also invited to join us for breakfasts and breaks.

***The Colorado Pain Society requests sponsors not schedule meetings with conference attendees until after 8:00 PM on Friday, October 16.

We appreciate your cooperation in not competing with our scheduled program.

Register on our website: [HTTPS://COLORADOPAINSCOCIETY.ORG/ANNUAL-MEETING-2026/](https://coloradopainsociety.org/annual-meeting-2026/)

ALL SPONSORS are required to return COMPLETED Exhibitor Kit by SEPTEMBER 30, 2026 to:
copainsociety@gmail.com **and** exhibitorform@thehythevail.com

The Hythe, Vail

The Hythe is a Luxury Collection Resort with a distinctively stylish alpine experience. The Hythe's Grand Ballroom offers a premier, elegant venue where your company's products will be showcased in the Grand Ballroom Foyer Exhibit Hall, a private setting located adjacent to the General Session room providing ample opportunity to directly interface with our attendees. Morning and afternoon refreshment breaks, the Saturday afternoon reception, and weekend breakfasts will also be served.

We invite you to secure your accommodations at our preferred venue, The Hythe. The Hythe features a variety of guest hotel rooms and one-bedroom suites and the Colorado Pain Society has reserved a limited number of guest rooms at the discounted group rate of **\$210** plus tax for reservations made on or before the **Reservation Due Date of 9/25/2026.**

[HTTPS://BOOK.PASKEY.COM/GO/COLORADOPAINSCOCIETY2026](https://book.paskey.com/go/coloradopainsociety2026)

PLEASE NOTE: Any reservations made after the Reservation Due Date will be at the Hotel's available rack rate AND based on availability.

We welcome your colleagues who may be interested in sponsoring or attending this event.

Please, do not hesitate to reach out with any questions at copainsociety@gmail.com.

We look forward to seeing you in Vail!

9TH ANNUAL CHRONIC PAIN CONFERENCE

THE HYPHE, VAIL

Exhibit Space

Sponsor package includes conference registration, name badges, 6 ft. table with linen, chairs, table tent card, waste basket, and power (see below). Sponsors are also invited to join us for breakfasts and breaks.

Exhibit Displays

Hanging signs on the walls is prohibited.

Electrical Power and Audio / Visual Services

Electrical Power and/or Audio/Visual Services must be specifically requested. For outlet placement and proper routing of electrical cables, please advise of any electrical needs **NO LATER THAN SEPTEMBER 18, 2026**. Electricity and/or A/V services not requested by September 18, 2026 may result in these services being unavailable during the event.

Exhibit Schedule

Should your arrival time fall outside of the designated Exhibitor Move-In schedule, please notify CPS to discuss alternate arrangements.

Non-Competition

The Colorado Pain Society requests sponsors not schedule meetings with conference attendees until after 8:00 PM on Friday, October 16, 2026. We appreciate your cooperation in not competing with our scheduled program.

Parking and Resort Fee Discounts

The Hythe has offered hotel guests a discounted valet parking rate of \$35 per vehicle per night and a discounted resort fee of \$5 per day during the program dates.

Staffing

Exhibits should be staffed at all times during exhibit hours.

Unattended Items / Additional Security

The Hythe cannot ensure the security of items left unattended in function rooms. Special arrangements may be made with the Hotel for securing a limited number of valuable items. If additional security is required with respect to such items or for any other reason, the Hotel will assist in making these arrangements. All security personnel to be utilized during the Event are subject to Hotel approval.



9th Annual Chronic Pain Conference
The Hythe, Vail, CO
October 16 - 18, 2026

DRAFT EXHIBIT SCHEDULE

SUBJECT TO CHANGE

Friday, October 16	Time Start	Time End	Event	Location
	7:00 AM	12:30 PM	Exhibitor Move-In	Grand Ballroom, Foyer
	12:45 PM		Exhibit Hall Opens	Grand Ballroom, Foyer
	1:45 PM	2:00 PM	Welcome and Opening Remarks	Grand Ballroom, Salon F-J
	2:00 PM	6:00 PM	General Session	Grand Ballroom, Salon F-J
	4:00 PM	4:30 PM	Refreshment Break w/Sponsors	Grand Ballroom, Foyer
		6:00 PM	General Session Concludes	Grand Ballroom, Salon F-J
Saturday, October 17				
	6:30 AM		Exhibit Hall Opens	Grand Ballroom, Foyer
	6:45 AM	7:45 AM	Breakfast	Grand Ballroom, Salon A-E
	7:45 AM	8:15 AM	CPS Annual Business Meeting	Grand Ballroom, Salon F-J
	8:15 AM	7:00 PM	General Session	Grand Ballroom, Salon F-J
	10:15 AM	11:00 AM	Morning Refreshment Break w/Sponsors	Grand Ballroom, Foyer
	12:00 PM	2:00 PM	Lunch/Outdoor Break	Off-Site/Outdoors
	4:00 PM	5:30 PM	Afternoon Cocktail Reception w/Sponsors	Grand Ballroom, Foyer
		7:00 PM	General Session Concludes	Grand Ballroom, Salon F-J
Sunday, October 18				
	7:15 AM		Exhibit Hall Opens	Grand Ballroom, Foyer
	7:30 AM	8:30 AM	Breakfast	Grand Ballroom Salon A-E
	8:30 AM	1:00 PM	General Session	Grand Ballroom, Salon F-J
	10:30 AM	11:00 AM	Refreshment Break w/Sponsors	Grand Ballroom, Foyer
	12:30 PM	1:00 PM	Drawing & Closing Remarks	Grand Ballroom, Salon F-J
		1:00 PM	General Session Concludes	Grand Ballroom, Salon F-J
		1:00 PM	Sponsor Strike	Grand Ballroom, Foyer



Exhibit Rules and Regulations: PLEASE READ CAREFULLY

1. **General:** Days and hours for move-in, exhibiting and tear-down, will be specified in the Exhibitor Information to be provided to each exhibitor by the Colorado Pain Society.
2. **Liability:** Neither CPS, nor The Hythe, can or will be responsible for damage to, loss, or theft of property belonging to or injury to, any exhibitor, his/her agent, employees, business invitees, visitors, or guests. Each exhibiting company is expected to carry appropriate insurance.
3. **Hold Harmless:** The exhibitor agrees that it will indemnify and hold harmless CPS and The Hythe against all liability, loss, damages, claims and expenses (including attorney's fees) arising out of or in any way connected with the rental of space to the exhibitor, or use of such by it, at the showcase site except to the degree of negligence of CPS, The Hythe, and their employees or agents.
4. **Damage:** The exhibitor is responsible for any damage to walls, columns, or floors and materials provided by the management for this activity. If any damage appears, the exhibitor shall be liable to the owner of the property for damages.
5. **Payment Requirements:** NO exhibit space will be assigned or confirmed until full payment is received by CPS.
6. **Cancellation:** Full refunds will be granted less a 25% processing fee for space canceled. All refunds must be requested in writing and postmarked on or before **August 31, 2026**. No refunds will be granted for booth space or advertisements canceled after **August 31, 2026**.

TERMS & CONDITIONS

Exhibits and advertising are allocated on a first-come, first-served basis and you must be an approved vendor. Exhibit booths are not to be split between two companies, one booth per company. Sales and advertising may not occur outside of the exhibit hall. Events in the exhibit hall may not compete with CME events. Conduct that is deemed unprofessional or disruptive to the meeting will result in the vendor being removed from the hall and the vendor will be prohibited from exhibiting at future meetings.

RESTRICTIONS

1. **Acceptability:** all exhibits shall be to serve the interests of the members of CPS and shall be operated in a way that will not detract from other exhibits, the exhibition, or the meeting as a whole. CPS management reserves the right to request immediate withdrawal of any exhibit.
2. **Restriction on selling:** no over-the-counter direct sales, or sales of any kind that involve currency or plastic cards for goods received during the exhibition, will be allowed. Promotional giveaways are permitted only with the approval of CPS.
3. **Irregular activities:** no person, firm or organization not having contracted with CPS or occupancy of space in the exhibit hall, or other arrangements, will be permitted to display or demonstrate any product, processes, or services; solicit, order, or distribute advertising materials; hold or sponsor refreshments, hospitality suites, or other social/educational events at the exhibit area or other environs of the CPS Chronic Pain Conference. Any infringement of this regulation will result in prompt removal of the offending person, firm or organization from the premises.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **OCT 24 2014**

COLORADO PAIN SOCIETY INC
6950 E BELLEVIEW AVE SUITE 300
GREENWOOD VILLAGE, CO 80111-0000

Employer Identification Number:
84-1612314
DLN:
26053675002184
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
September 29, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

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.) Colorado Pain Society
	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. <input type="checkbox"/> Individual/sole proprietor <input checked="" 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 type="checkbox"/> Other (see instructions)
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> 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 <input type="checkbox"/>
	5 Address (number, street, and apt. or suite no.). See instructions. 7730 East Belleview Avenue, Suite A-200
	6 City, state, and ZIP code Greenwood Village, CO 80111
7 List account number(s) here (optional)	
Requester's name and address (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										
8	4		-	1	6	1	2	3	1	4

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 more 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 Rachael Rzasa Lynn	Digitally signed by Rachael Rzasa Lynn Date: 2026.02.20 18:50:11 -07'00'	Date 02/20/26
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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.

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