

Annual Dues Invoice: PERT Consortium Transitional Professional Member

Description	Amount Due
Required (Fees waived for first two membership cycles)	
Annual Institutional Membership Dues	\$2,500.00

Name of Institution:		
Physician or other Professional PERT Consortium Member Serving as Institutional Contact:		
Name:		
Title:	Specialty:	
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:	Administrative Assistant Name/Email:	
Financial Contact at Institution (with authority to issue payment) (if different from above)		
Name:		
Title:		
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:	Administrative Assistant Name/Email:	

- For questions please contact the Consortium support team at: contact@pertconsortium.org
- Institution Contacts will be notified upon receipt of payment.

How to make payment	
Option I: Check or cashier's check payable to PERT Consortium Inc. Send to the following address: <div style="text-align: center;"> PERT Consortium Inc. PO Box 108 Brookline, NH 03033 </div>	Option II: Electronic Funds Transfer via <u>Electronic check/Automated Clearing House (ACH)</u> using the following information: Account Name: PERT Consortium Inc. Account Number: 004646020547 Routing Number: 011000138 via <u>Wire Transfer</u> : Account Name: PERT Consortium, Inc. Account Number: 004646020547 Wire Transfer Routing Number: 026009593 SWIFT Code (Inter wires only): BOFAUS3N Note: We do not accept purchase orders and payments are non-refundable

Please remit payment *and completed invoice* to:
 PERT Consortium Inc.
 PO Box 108
 Brookline, NH 03033

Professional Members Participating in this Member Institution's PERT Team

Team Member Name:		
Title:	Specialty:	
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:		
Administrative Assistant Name:		Email:

Team Member Name:		
Title:	Specialty:	
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:		
Administrative Assistant Name:		Email:

Team Member Name:		
Title:	Specialty:	
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:		
Administrative Assistant Name:		Email:

Team Member Name:		
Title:	Specialty:	
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:		
Administrative Assistant Name:		Email:

Team Member Name:		
Title:	Specialty:	
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:		
Administrative Assistant Name:		Email:

PERT Team Members

Team Member Name:		
Title:	Specialty:	
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:		
Administrative Assistant Name:		Email:

Team Member Name:		
Title:	Specialty:	
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:		
Administrative Assistant Name:		Email:

Team Member Name:		
Title:	Specialty:	
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:		
Administrative Assistant Name:		Email:

Team Member Name:		
Title:	Specialty:	
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:		
Administrative Assistant Name:		Email:

Team Member Name:		
Title:	Specialty:	
Address 1:		
Address 2:		
City:	State/Province:	Postal Code:
Office Phone:	Mobile Phone:	
Email:		
Administrative Assistant Name:		Email:

Membership Categories

There are two main membership categories for the PERT Consortium: Institutional and Professional.

Formal membership in the PERT Consortium is available to hospitals or systems that have a functioning multidisciplinary PERT. Upon payment of annual dues, the status of **PERT CONSORTIUM MEMBER INSTITUTION** is assigned.

Those health care professionals that are part of the PERT at a Member Institution are assigned the status of **PERT CONSORTIUM PROFESSIONAL MEMBER**.

Professionals from institutions that have not paid Member Institutional dues must declare themselves as “TRANSITIONAL PROFESSIONAL MEMBERS” (please complete Transitional Membership form). Transitional Professional Members may participate in activities and committees of the Consortium for up to two cycles of annual meetings. Availability of this status sunsets following the second annual PERT Consortium meeting after Transitional Membership is initiated.

Criteria for Institutional Membership

Member Institutions in the PERT Consortium must have the following:

- Functioning institutional-based multidisciplinary Pulmonary Embolism Response Team (PERT)
- Ability to rapidly assess and provide treatment for patients with acute pulmonary embolism
- A formal mechanism to exercise a full range of medical, endovascular and surgical therapies
- Appropriate multidisciplinary follow-up
- Willingness to collect, evaluate and share data regarding the effectiveness of the PERT approach for research and quality assurance purposes

Membership Dues

1. Member institutions must pay annual dues of \$2,500 to join and maintain membership in the Consortium.
2. Members of the PERT team of a dues-paying Member Institution are automatically assigned the status of Professional Member. Professional Membership fees are incorporated in the Institutional Membership dues.

Founding membership includes:	Benefits:
Recognition	Formal recognition on PERT Consortium website and other appropriate communication sent on behalf of the Consortium
Marketing Tools	Founding Member Institutions will have the ability to advertise their status as a Founding Member of the PERT Consortium
Meeting Attendance	Professional Members from each Founding Member Institution will have registration fees for the Annual Consortium Meeting waived or reduced, as is the case with all Member Institutions that are current with annual dues.

Member Institutions receive:	Benefits:
Formal Recognition	Recognition as member of the PERT Consortium on website and other relevant publications and announcements
Quality Initiatives	Opportunity to participate in PERT Consortium Registry Access to outcomes data at the institutional level and from the PERT Consortium for quality assessment and assurance.
Protocols and Algorithms	Exchange of best practices for the development and implementation of a PERT Exchange of best practices for treatment of pulmonary embolism Opportunity for participation in the development of guidelines and best practices documents for treatment of pulmonary embolism
Educational Materials and Programming	Access to educational programs and materials produced by the PERT Consortium Participation in educational events sponsored by the PERT Consortium
Hospital Recognition	Recognition as a center that provides state-of-the-art, multidisciplinary Pulmonary Embolism Care
Competitive Advantage to local and regional marketplace	Ability to publicize institutional participation in the PERT Consortium Ability to use the PERT Consortium Logo on institutional letterhead and other materials

Professional membership includes:	Benefits:
Participation	Participation in the development of standards and guidelines for treatment of pulmonary embolism to optimize patient care and outcomes
Clinical Tools	Clinical practice tools for the diagnosis and treatment of pulmonary embolism
Research	<p>Ability to submit research proposals utilizing the PERT Consortium Registry for data analysis, abstracts and manuscripts</p> <p>Preferred access to participate in clinical trials coordinated by the PERT Consortium</p>
Professional CME and Certification	<p>Preferred access to CME workshops, courses, and webinars</p> <p>Certification of practitioners, technologists and others as members of a PERT</p>
Educational Materials	<p>Subscription to PERT Consortium publications</p> <p>Web links to scientific publications, consensus documents and guidelines</p> <p>A library of PowerPoint slides from the PERT Consortium and leading scientific meetings</p>

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. National PERT Consortium Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> Other (see instructions) ▶ Nonprofit corporation exempt under IRC Code Section 501(c)(3)	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) PO Box 9100	Requester's name and address (optional)
	6 City, state, and ZIP code Boston, MA 02114	
	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
8	1
-	0
7	4
1	6
8	1

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 other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶	01/31/2017
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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-INT (interest earned or paid)
- 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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.