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Dear Pharmaceutical Professional,

The Memorial Hospital Foundation would like to cordially invite you to participate in our 2024 Oncology Product Fairs in Memorial Hospital's Medical Office Building Atrium. The fairs will be held on the below dates from 3:30pm-5:30pm with setup beginning at 2:30pm.

- Tuesday, March 19th
- Wednesday, May 8th
- Tuesday, September 17th

Corporate participants will find the opportunity to exhibit, educate, and interact with healthcare professionals from various oncology disciplines including Medical Oncology, Radiation Oncology, Practice Based Nursing, Pharmacy and Business Administration. Expected attendance is approximately 45 healthcare professionals.

Your exhibit fee of \$1,250 per fair will include a table for display of your clinical information, literature and handouts for the healthcare professionals. We are limiting the number of tables to 40 to include no more than three representatives at each table.

Exhibit fees may be paid online by going to www.memorialhospitalfoundation.com/OncologyProductFair or by completing the attached exhibitor form.

Thank you for your support of the Memorial Hospital Foundation.

Sincerely,

Aimee Robertson
President
Memorial Hospital Foundation

Memorial Hospital Foundation is an independent 501(c)(3) non-profit organization with its own Board of Directors, by-laws and Articles of Incorporation. We raise support for and manage 26 funds that provide financial assistance to Memorial Health System's patients and employees. Tax ID: 20-4535203



2024 Oncology Product Fairs

COMPANY NAME: _____

CONTACT NAME: _____

REPRESENTATIVE NAME: _____ EMAIL: _____

REPRESENTATIVE NAME: _____ EMAIL: _____

REPRESENTATIVE NAME: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

PAYMENT

MARCH 19TH (\$1,250) MAY 8TH (\$1,250) SEPTEMBER 17TH (\$1,250)

CHECK ENCLOSED (please make checks payable to Memorial Hospital Foundation)

PLEASE CHARGE MY CREDIT CARD

Mastercard / Visa / Discover / American Express (circle one)

CARD #: _____

EXPIRATION: _____

CVV: _____

Please complete this form and email to foundation@mhg.com to reserve your table.

Registration and payment may also be made on our website or by calling 228-865-3419.

Payment must be received to secure your table at each fair. Any cancellations within 72 hours of the event will not be refunded or reallocated to another event.

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Memorial Hospital at Gulfport Foundation, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: 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 **not** 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.

Other (see instructions) ► **Corporation with 501(c)(3) Tax-exempt Status** (Applies to accounts maintained outside the U.S.)

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) _____

5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)
PO Box 940

6 City, state, and ZIP code
Gulfport, MS 39502-0940

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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or

Employer identification number

2	0	-	4	5	3	5	2	0	3
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Note: If the account is in more than one name, see the instructions for line 1. Also see *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:

- 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 for Part II, later.

Sign Here Signature of U.S. person ► *Katherine Hill* Date ► *1/11/2023*

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.

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, later.