



P.O. Box 32861
Charlotte, NC 28232

P 704-512-6523

F 704-512-6568

www.charlotteahec.org

November 8, 2019

Dear Potential Exhibitor,

The ***Atrium Health Anesthesia Review 2020*** is now scheduled for **Saturday, February 22, 2020** from 8:00 am – 3:30 pm at **Atrium Health Cabarrus, Hamrick Theater, 920 Church Street N., Concord, NC 28025**. This conference will once again bring together Certified Registered Nurse Anesthetists (CRNAs) from across our region to discuss topics surrounding the core domains of anesthesia practice.

We would like to invite you to participate in this exciting event as an exhibitor or sponsor. The fees are listed below:

Silver Level Exhibitor \$750
Includes an exhibit table and one representative

Gold Level Exhibitor \$1500
Includes exhibit table, two representatives, and inclusion of company logo on course materials

Lunch Sponsor \$2500
Includes exhibit table, three representatives, company logo on course materials, and recognition as lunch sponsor.

If you are interested in participating as an exhibitor, we would appreciate confirmation of your participation by completing and returning the *Exhibitor Letter of Agreement* to our office via email or fax (704.446.2568) at your earliest convenience. Please see attached.

Payments may be made online at Charlotte AHEC by clicking [HERE](#) , or via check made payable to **Charlotte Area Health Education Center** (Tax ID# 56-0529945) and send it to the following address:

Charlotte AHEC
Attn: Laura Magennis
Center for Learning & Development, Building K
5039 Airport Center Parkway
Charlotte NC 28208

If you have any questions, please do not hesitate to contact me at 704-512-6204 or via email at laura.magennis@atriumhealth.org.

Thank you in advance for your support of this exciting initiative!

Sincerely,

A handwritten signature in cursive script that reads 'Laura Magennis'.

Laura Magennis, DNP, MSN, RN-BC
Nurse Education Specialist, Nursing and Pharmacy Education
Charlotte Area Health Education Center

Exhibitor Letter of Agreement

Charlotte Area Health Education Center (AHEC)

ACTIVITY INFORMATION

Activity Name:

Activity Date[s]:

Time[s]:

Venue [Address/ PO Box, City, ST, ZIP Code]:

EXHIBITOR FEE

EXHIBITOR COMPENSATION

- [1] table with [2] chairs
- No more than [2] reps at a table at a time.
- Acknowledgement to the participants of your support
- Exhibitors may attend the educational sessions for free when not exhibiting, if not requesting credit. If a company representative would like to receive continuing education credit for the sessions attended, there is a fee. See your Charlotte AHEC representative for more information.

EXHIBITOR INFORMATION

Company Name:

#1 Representative Name:

Phone:

Email:

#2 Representative Name:

Phone:

Email:

If nametags are provided, do you need one for each representative attending? NO YES

PAYMENT CONTACT

Person Responsible for Payment:

Company Address/PO Box, City, ST Zip Code:

Phone:

Email:

FORM OF PAYMENT

Credit Card: Payment should be processed at:

Check Payable to: Charlotte AHEC 5039 Airport Center Parkway, Building K, Charlotte, NC 28208 **OR** PO Box 32861, Charlotte, NC 28232-2861 ATTN

AGREEMENT

Charlotte AHEC does not endorse any commercial interest. The educational program is conducted for the benefit of the audience and Charlotte AHEC ensures the content provided to participants during the educational program is objective and balanced with evidence-based information. The distribution of drug and other product samples is not permitted. The final decision to permit exhibits, the type and other specific characteristics will be made by the course director and Charlotte AHEC. Exhibitors themselves are allowed inside the education hall, provided they do not solicit participants. Exhibitors must set-up their display materials outside of the education hall.

This letter of agreement is a binding contract. Charlotte AHEC reserves the right to forthwith cancel this agreement.

Type or sign your name below.

Signature:

Date:

Charlotte AHEC Signature:

Date:

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. The Charlotte-Mecklenburg Hospital Authority	
2 Business name/disregarded entity name, if different from above d/b/a Charlotte AHEC	
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. <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: 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. <input checked="" type="checkbox"/> Other (see instructions) ▶ NC Hospital Authority - Tax Exempt	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 FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 32861	Requester's name and address (optional)
6 City, state, and ZIP code Charlotte, NC 28232	
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
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5	6		0	5	2	9	9	4	5				

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 ▶	Date ▶ <u>4/26/2019</u>
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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.

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.