



MU Sinclair School of Nursing
University of Missouri

Nursing Outreach

S266 School of Nursing Building
Columbia, MO 65211
PHONE (573) 882-0215
FAX (573) 884-8278
WEBSITE www.nursingoutreach@missouri.edu

February 9, 2017

Dear Sir/Madam,

You are cordially invited to participate as an exhibitor at our **28th Annual Gerontological Nursing Conference** on Thursday November 30th and Friday December 1, 2017 at the Peachtree Banquet Center in Columbia, Missouri. The purpose of this conference is to provide a forum for gerontology health care providers, administrators, educators, regulatory personnel and others interested, to discuss complex care issues common to all who care for the elderly, regardless of setting. The focus is on promoting excellence in gerontology health care by keeping abreast of the latest evidence regarding strategies that result in improved clinical outcomes. We anticipate about 100 participants. Please let me know if you have any questions.

We believe exhibitors play a major role at educational programs and we encourage your participation. The fee for exhibiting one day is \$250 or both days for \$350, which provides you with a draped table and one chair. To guarantee adequate accommodations, please make your reservation by **November 16, 2017**. Acknowledgment of support takes place during opening remarks, a list of exhibitors is included in each participant's packet of handout materials and there is appropriate signage in the break/exhibit area for those who wish to sponsor a food and beverage function.

There are also opportunities to sponsor a morning beverage break (\$300), afternoon refreshment break (\$500), continental breakfast (\$900) or the luncheon (\$1500). Your company's name will be displayed prominently on an easel in the exhibit area near the location of the refreshment break.

Oftentimes, exhibitors do not stay beyond the morning break if they believe they have had adequate face time with all our participants. However, you are certainly welcome to stay the entire time, should you like.

I trust you will favorably consider this opportunity to have direct contact at one time in one location with about 120 potential users of your products and services. Exhibit space is limited and will be assigned on a first-come, first served basis. Just so you are aware we do not provide a list of participants to our exhibitors.

Please complete the enclosed Exhibitor Request Form and return along with the appropriate fee to Nursing Outreach on or before **November 26, 2017**. (Checks should be payable to the University of Missouri). The Tax ID # is 43-6003859.

The exhibits will be open during the following **tentative times**. A detailed agenda will be provided closer to the event):

<u>December 1</u>	<u>December 2</u>
Set up 7:00-7:30	Set up 7:00-7:30 a.m.
7:45-8:15 Exhibits	7:45-8:15 a.m. Exhibits
10:00-10:15 Exhibits/break	10:00-10:15 a.m. Exhibits/break
2:40-3:05 Exhibits/break & Exhibits close	2:10-2:25 p.m. Exhibits/break & Exhibits close

When commercial support is received for an educational activity, the conference planning committee maintains complete control over the selection of content and speakers. Acceptance of commercial support does not imply approval or endorsement of any product.

Sincerely,
Peggy

Peggy Bunton
Office Support III MU Nursing Outreach
S266A School of Nursing Building
Columbia, Missouri 65211
Phone: (573) 882-0215 | Fax: (573) 884-8278
Email: buntonp@missouri.edu
Web Address: <http://nursingoutreach.missouri>



**UNIVERSITY OF MISSOURI
 MU SINCLAIR SCHOOL OF NURSING
 NURSING OUTREACH**

**EXHIBITOR REQUEST FORM
 28th Annual Gerontological Nursing Conference
 Peachtree Banquet Center, Columbia, MO
 December 1-2, 2016**

Name of Organization: _____

Name of Individual Exhibiting: _____

Address of Organization: _____

Phone: _____ Fax: _____ Email: _____

1. Exhibitor booth

One Day exhibitor \$250: Choose date exhibiting: Nov 30th _____ or Dec 1 _____
 with Optional Lunch \$15 x ____ = _____

Both Day exhibitor \$350 with Optional Lunch \$30 x ____ = _____

2. Indicate food & beverage sponsorship, if desired

Food and Beverage Sponsor

- Morning Beverage Break - \$300
- Afternoon Refreshment Break - \$500
- Continental Breakfast - \$900
- Hosted Luncheon - \$1,500

I would like an electrical outlet for my table. Yes No

**Wireless Internet is available.

(Please Make Check Payable to: University of Missouri. Tax ID #: 43-6003859)

PLEASE COMPLETE AND RETURN TO:
 Peggy Bunton MU Sinclair School of Nursing, Room S266, Columbia, MO 65211-4120
 buntonp@missouri.edu; 573-882-0215 phone, 573-884-8278 fax

Conference Location & Directions

Peachtree Banquet Center
120 East Nifong, Suite D
Columbia, Missouri (573) 875-6608

PLEASE NOTE: MOST GPS DO NOT GIVE DIRECTIONS TO FACILITY

From Interstate 70

Take Providence Road (Exit 126) and go south (turn left if coming from the east or right if coming from the west) 4.4 miles (past the Stadium Road/University Exit). Turn west (right) on Nifong Boulevard, and continue on Nifong for about a block. **Turn left (south) between Lutz's BBQ Restaurant and Breaktime Gas Station (there is no street sign).** Peachtree is on the right midway down this road.

From Highway 63

Take the AC Exit (also called New Haven Road or Old Highway 63). At the top of the exit ramp, go west (left if coming from the south and right if coming from the north). Follow AC/Nifong Boulevard 2.8 miles (past the intersection with Providence Road) and continue straight for about one block. **Turn left (south) between Lutz's BBQ Restaurant and Breaktime Gas Station (there is no street sign).** Peachtree is on the right midway down this road. **Turn (south) between Lutz's BBQ Restaurant and Breaktime Gas Station (there is no sign). Turn (south) between Lutz's BBQ Restaurant and Breaktime Gas Station (there is no street sign).**



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. Curators of the University of Missouri	
	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 checked="" 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 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) _____ 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.) 325 Jesse Hall	
	6 City, state, and ZIP code Columbia Mo 65211	
	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 <i>How to get a TIN</i> 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;">4</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">6</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">8</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">9</td> </tr> </table>	Social security number																				or										Employer identification number										4	3		6	0	0	3	8	5	9
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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 on page 3.	
Sign Here	Signature of U.S. person ▶
	Date ▶ 1/1/17

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.