



February 2, 2017

Planning Committee

Andrea Dockins, RN,
Goldschmidt Cancer Center,
Capital Region Hospital,
Jefferson City MO

Carrie Doss, MS, APRN,
AOCNP, Family Nurse
Practitioner, Ellis GYN/ONC,
MU School of Medicine

Amber Dunlap, RN, Clinical
Nursing Supervisor, Ambulatory
Infusion, Ellis Fischel Cancer
Center

Shirley Farrah, PhD, RN-BC,
Assistant Dean, Nursing
Outreach, Sinclair School of
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Worker, Patient and Family
Services, Ellis Fischel Cancer
Center

Elizabeth Ann Freeman, RDN,
LD, CDE, Oncology Outpatient
Dietician, MU Healthcare

Jeanette Linebaugh, MSN,
RN, OCN, Manager, Outpatient
Clinics and Infusion, Ellis
Fischel Cancer Center

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Clinician, Cancer Screening
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Rose Spencer, RN, Supervisor
of Oncology & Internal
Medicine, Jefferson City
Medical Group

Cynthia Stephens, MS(N), RN,
Clinical Instructor, Nurse
Planner, MU Sinclair School of
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Tara Sunderland, BSN, RN,
OCN, Service Line Specialist for
Oncology-Observation Palliative
and Supportive Care, MU
Healthcare

Donna Winberg, BSN, RN,
OCN, Staff Nurse IV,
Ambulatory Infusion Unit, Ellis
Fischel Cancer Center

Dear Sir/Madam:

You are cordially invited to participate as a vendor in the 2017 Clinical Oncology Symposium to be held on Friday April 21, 2017 at the Peachtree Catering and Banquet Center in Columbia, Missouri. The conference is targeted for oncology nurses, advanced practice nurses and social workers. The planning committee members appear in the insert to the left.

The **purpose** of this one-day symposium is to update the knowledge and enhance the skills of oncology nurses, advanced practice nurses, social workers and other cancer care professionals by exploring the latest evidence-based practices and tools related to the clinical management and care of the patients with cancer and their families. The day offers a blend of clinical and relationship-centered topics applicable to both inpatient and ambulatory, oncology practice settings.

The exhibit fee is \$500. Additional sponsorship opportunities are also available such as the sponsorship of a morning beverage break (\$300), an afternoon refreshment break (\$500), continental breakfast (\$900) or the luncheon (\$1500). Sponsors are recognized in a number of ways: special signage during the event and listed in the conference syllabus.

Please complete the enclosed Exhibitor Request Form and return along with the appropriate exhibit fee to Nursing Outreach **no later than April 7, 2017**. Exhibit space is limited and space will be assigned on a 1st come, 1st served basis. Please note we do not share participant names with exhibitors.

Checks should be payable to the University of Missouri. Our Tax ID # is 43-6003859.

The approximate exhibit times on April 21, 2017 include:

| | |
|--------------------|---------------------------|
| 6:45 - 7:15 a.m. | Exhibitor Set-up |
| 7:15 - 8:00 a.m. | Registration and Exhibits |
| 9:30-9:45 a.m. | Break and Exhibits |
| 11:30 – 12:20 p.m. | Lunch and Exhibits |
| 2:25 – 2:40 p.m. | Break and Exhibits |
| 4:30 p.m. | Exhibits Close |

If you have any questions, or need further information, please contact Peggy Bunton at 882-0215 phone, (573) 884-8278 fax, or email her at buntonp@missouri.edu

Sincerely,

Shirley J. Farrah, PhD, RN-BC
Assistant Dean, Nursing Outreach
MU Sinclair School of Nursing

Heather Schrimpf
Oncology Nursing Society
Chapter President



Sinclair School of Nursing

University of Missouri Health

EXHIBITOR REQUEST FORM Clinical Oncology Symposium Friday April 21, 2017

Name of Organization: _____

Name of Individual Exhibiting: _____

Address of Organization: _____

Phone: _____ Fax: _____ Email: _____

1. Exhibitor booth

One Day exhibitor \$500 with Optional Lunch \$15 x _____ = _____

2. Indicate food & beverage sponsorship, if desired

Food and Beverage Event

- 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

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

DO NOT FAX OR EMAIL CREDIT CARD INFORMATION-PLEASE CALL (573-882-0215)

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

Peachtree Banquet Center
120 East Nifong, Suite D
Columbia, Missouri

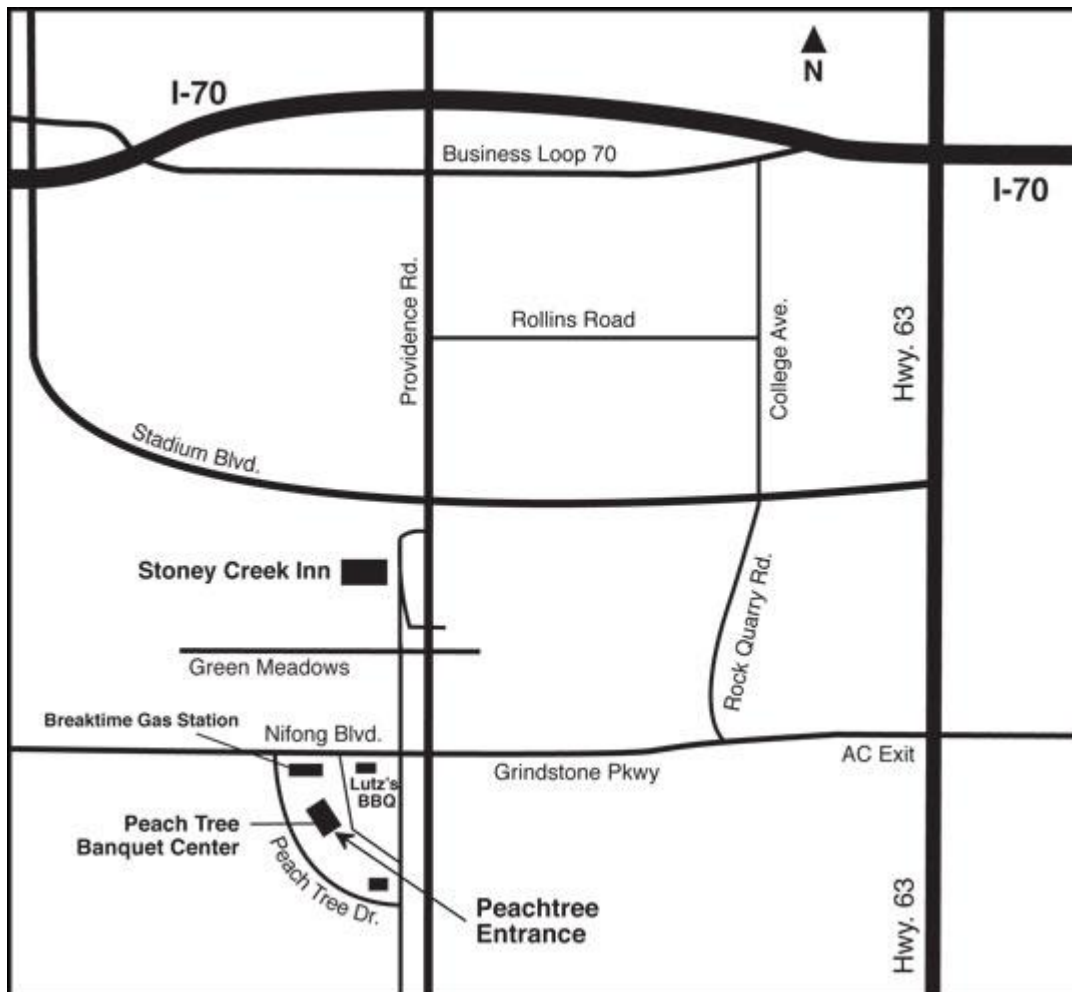
Should you need to be reached during the activity, the phone number is (573) 875-6608.

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 Barbeque and Breaktime Gas Station (there is no street sign). Peachtree is on the right mid way down this road (across the parking lot from Arby's).

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 Barbeque and Breaktime Gas Station (there is no street sign). Peachtree is on the right mid way down this road (across the parking lot from Arby's).



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 | Requester's name and address (optional) |
| | 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 *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 | |
| 4 3 - 6 0 0 3 8 5 9 | |

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 ▶ 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:

- 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.