



**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](http://www.nursingoutreach@missouri.edu)

February 9, 2017

Dear Sir/Madam:

You are cordially invited to participate as an exhibitor at the "3<sup>rd</sup> Annual Perinatal Nursing Conference" on Thursday October 26, 2017 at the Peachtree Banquet Center in Columbia, Missouri. Our target audience is Obstetric, Nursery and Neonatal ICU nurses, advanced practice nurses, nurse midwives, lactation consultants, students, educators, clinical managers and other maternal and infant health professionals.

The purpose of this one-day conference is to update the knowledge and enhance the skills of healthcare providers related to the clinical management and care of high risk pregnant women and their newborn babies. The day features the latest evidence-based practices and tools applicable to both inpatient and ambulatory perinatal practice settings. Plenary sessions on topics of general interest are complemented by breakout sessions of more specialized topics.

We believe exhibitors play a major role at educational programs and we encourage your participation. The fee for exhibiting is \$250, which provides you with a draped table and one chair. To guarantee adequate accommodations, please make your reservation by October 5, 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 no later than October 5<sup>th</sup>, 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:

7:00 - 7:30 a.m.	Set Up
7:30 - 8:15 a.m.	Registration and Exhibits
10:00 - 10:25 a.m.	Break and Exhibits
12:20 - 1:15 p.m.	Lunch and Exhibits
3:20 - 3:35 p.m.	Refreshment 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  
[buntonp@missouri.edu](mailto:buntonp@missouri.edu)  
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UNIVERSITY OF MISSOURI-COLUMBIA  
MU SINCLAIR SCHOOL OF NURSING  
NURSING OUTREACH

**EXHIBITOR REQUEST FORM**

**3<sup>rd</sup> Perinatal Nursing Conference**  
Peachtree Banquet Center, Columbia, MO  
October 26, 2016

Name of Organization: \_\_\_\_\_

Name of Individual Exhibiting: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**1. Exhibitor booth**

One Day exhibitor \$250 with Optional Lunch \$15 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)***

**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 fa

## 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).**



## 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. <b>Curators of the University of Missouri</b>	
	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) ▶ _____ <b>Note.</b> 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.) <b>325 Jesse Hall</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Columbia Mo 65211</b>	
	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.

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
or	
<b>Employer identification number</b>	
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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>1/1/17</b>
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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](http://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.