



Coastal Children's Services  
A Pediatric Subspecialty Group

# Regional Pediatric Asthma Conference

## Topic: When a Child Can't Breathe, Nothing Else Matters



**Friday, August 11, 2017 • Holiday Inn Resort, Wrightsville Beach**

### CONFERENCE SUMMARY

An oceanfront, one-day course on the latest evidence-based science and practicalities of pediatric asthma and the complete pediatric airway. Earn CME/CNE or continuing education credits and network with regional medical providers.

### EXHIBITOR PACKAGES

<b>For-Profit Organization</b>	<b>\$1,000</b>
Logo on aprinted materials and signage (1) 6' Table (2) Chairs (2) Educational Session Passes Breakfast, lunch, snacks and beverages Invitation to reception	
<b>Non-Profit Organization</b>	<b>\$500</b>
Logo on printed materials and signage (1) 6' Table (2) Chairs (2) Educational Session Passes Breakfast, lunch, snacks and beverages Invitation to reception	

### Steps to exhibit for this event:

1. Fill out the attached Exhibitor Agreement Form
2. Send the form to Janet Hoffer at [janet.hoffer@ccneo.net](mailto:janet.hoffer@ccneo.net) or
3. Mail payment to:
  - Compassionate Care Conference Exhibits
  - INFANTS
  - 2212 S. 17th St
  - Wilmington, 28401
4. To pay by credit card, call Gladys Vasile at 910-667-3984, by mail, please fill out exhibitor form

**We appreciate your support!**



## EXHIBITOR AGREEMENT FORM

Event Title: 1st Annual Pediatric Asthma Conference

Date of Event: Friday, August 11, 2017

Event Location: Holiday Inn Resort, 1706 N Lumina Ave, Wrightsville Beach, NC 28480

Please indicate your level of support:  Non-Profit \$500  For-Profit: \$1,000

Organization: \_\_\_\_\_ Number of Representatives: \_\_\_\_\_

Company Address: City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Product/Service to be Showcased at booth \_\_\_\_\_

Booth Requirements:  Electrical  Chair  Other \_\_\_\_\_

Payment Method:  Cash  Check  VISA  MasterCard

**To pay by credit card, please call Gladys Vasile at 910-667-3984**

List all company representatives exhibiting at the event (attach additional information if more than two):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Please submit agreement and payment to: INFANTS**

**2212 S 17th St. Wilmington, NC 28401**

**Federal Tax ID 27-2791351**

**Fax: 910-667-7390**

**To pay by credit card, please call Gladys Vasile at 910-667-3984**

Payment for Exhibit/Support fees must be received in full with the completed Exhibit/Support Agreement Form prior to a company's inclusion in promotional materials. Supporters with logo recognition included in their package are asked to send a high resolution logo file to [janet.hoffer@ccneo.net](mailto:janet.hoffer@ccneo.net). Exhibit space will be assigned on a first come-first serve basis as payment is received and at the discretion of the Neonatal Conference Committee Members. Additional information and a participant brochure can be found at [www.ccneo.net](http://www.ccneo.net)

### ADDITIONAL SHOW INFORMATION:

- Exhibitor tables will be set up in Classroom A, next to the auditorium at NHRMC
- You are welcome to sit in on the conference speakers and join conference attendees for lunch.  
All other conference snacks & beverages included.
- Invitation to the reception/networking event on Thursday, June 15, 2017 (6-8:30pm at Oceanic Grill in Wrightsville Beach) included.

**Questions? Contact Janet Hoffer at 910-667-4379**

## Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Interdisciplinary Neonatal Follow-up and Treatment Services**

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

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ **C**  
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.  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 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) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**310 North Front Street, Suite 200**

6 City, state, and ZIP code  
**Wilmington, NC 28401**

7 List account number(s) here (optional)

Print or type  
See Specific Instructions on page 2.

Requester's name and address (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.

**Social security number**

				-			-			
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or

**Employer identification number**

2	7	-	2	7	9	1	3	5	1
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**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.

**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 ▶ **4/22/16**

**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.