DelMarVa SGNA 18th Annual Education Conference Marriott at Newport News, VA March 11-13, 2016



Dear Valued Exhibitors,

Please join us for the 18th Annual "Bridging the Chesapeake" Educational Conference in Newport News, VA, cosponsored by the Delaware, Maryland, and Virginia Societies of Gastroenterology Nurses and Associates. As a participating exhibitor, your company will be afforded the benefit of interacting effectively with over 200 nurses and associates that utilize your products and services.

The following is the tentative vendor schedule:

- The exhibit room will be available for set-up Friday, March 11th afternoon and will open for visitation at 7:00 PM.
- ➤ The exhibit room will reopen during registration continental breakfast at 7:00AM Saturday morning. The conference begins promptly at 7:45 AM Saturday, March 12th. The agenda allows approximately two and a half hours, divided into three time periods for participants to visit with exhibitors and examine product lines.
- There will be time available for visitation on Sunday, March 13th before and after breakfast and during a break in the morning session. Exhibit space fee is \$700.00. This includes space on Friday, Saturday and Sunday in the exhibit hall, one six foot skirted table, continental breakfast on Saturday morning, and lunch for two representatives. The charge for each additional representative will be \$40.00 to cover Saturday's meals. Please advise us of special needs, such as electricity, in advance.

Door prizes are always welcome and all donors will receive recognition for their contribution. Each exhibitor will be acknowledged in the conference syllabus and thanked for their support. Your generous support allows us to offer a premiere educational conference. We look forward to seeing your company represented at the Delmarva SGNA Multi-Regional Conference in March 2016.

The tax ID number is: 27-2786337.

Online registration is available & preferred @www.delmarvasgna.com.

Sincerely,

Cathy Bauer, MBA, RN, CGRN, CFER DelMarVa SGNA Vendor Liaison

nursebauer@gmail.com

Please note that Old Dominion SGNA is offering a separate endoscope reprocessing course on Friday, March 11, 2016. This learning event will end at 4:30 PM. setting up early will allow additional interaction with attendees in addition to the conference. Regular visitation will start @7:00 PM during a welcome reception and registration session.

Delmarva SGNA Multi-Regional Conference

Newport News Marriott at City Center 740 Town Center Drive Newport News, VA 23606



March 11-13, 2016

Company:	
Address:	
City/State/Zip:	
Products and services to be displayed:	
Exhibitor #1 Name and salutation:	
Email: Cell Phone #	
Email: Cell Phone # I am Gluten sensitive: yes no	
Exhibitor #2 Name and salutation:	
Email: Cell Phone #	
I am Gluten sensitive: yes no	
We are interested in a choice space in the exhibit area, and are willing to sp	oonsor a:
Welcome reception:, Speaker:, Breakfast or Lunch	1:
We will use company badges yes no (v	ve will provide)
We require electrical outlets yes no	_
We plan to provide a raffle prize yes no	
We plan to stay overnight at Marriott. yes (#rooms# nights) (Make own arrangements for the hotel at least 30 days prior for discount). www.delmarvasgna.com .	
PLEASE CHECK APPROPRIATE CHOICES BELOW:	
☐ 1. 6 foot table w/electrical outlet, skirt, includes 2 exhibitor lunches	s \$700
☐ 2. Additional table space, includes 2 exhibitor lunches	\$450
☐ 3. Additional exhibitor not covered by choice 1 or 2.	\$40/ person
If applicable, please list additional exhibitor(s) information at the back of	• •
On line registration is available & <i>preferred</i> @www.delmarvasgna.com. If upayment and completed registration form can be snail mailed to:	inable to register online, check
DelMarVa SGNA (Check payable to " <i>DelMarVa SGNA</i> ") 521 High Pt Ave Virginia Beach, VA 23451	

Please direct your questions to the following:

Registration/ payment related concerns: Lorrie Brickner (Treasurer) at delmarva2016@gmail.com All other vendor-related concerns: Cathy Bauer (Vendor Liaison) at ginursebauer@gmail.com

(Rev. December 2014) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

Intern	al Revenue Service													
	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. DelMarVa Society of Gastroenterology Nurses and Associates													
je 2.	2 Business name/disregarded entity name, if different from above													
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC 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.							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)						
rin	Other (see instructions)					1.5	(Applies to accounts maintained outside the U.S.)							
Pecific	S Address (number, street, and apt. or suite no.) 521 High Point Ave		Requester's name				and address (optional)							
See S	6 City, state, and ZIP code Virginia Beach , Virginia 23451													
	7 List account number(s) here (optional)													
Pa	t I Taxpayer Identification Number (TIN)			£/0000000			50000000				0.000000000			
	your TIN in the appropriate box. The TIN provided must match the n			Social security number										
backup withholding. For individuals, this is generally your social security number (SSN). However, for a						П			٦		T	Т		
	ent alien, sole proprietor, or disregarded entity, see the Part I instruct es, it is your employer identification number (EIN). If you do not have		a				-			-				
TIN on page 3.							ant standard bandandadada							
	. If the account is in more than one name, see the instructions for line	1 and the chart on page	4 for	En	Employer identification number									
guidelines on whose number to enter.			2	7	-	2	7 8		6 3	3	7			
Par	t II Certification						-		_					
Unde	r penalties of perjury, I certify that:													
1. Th	ne number shown on this form is my correct taxpayer identification nu	umber (or I am waiting for a	a numl	ber to	o be	issu	led	to me)	; ar	nd				
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.														
beca intere gene instru	fication instructions. You must cross out item 2 above if you have buse you have failed to report all interest and dividends on your tax refest paid, acquisition or abandonment of secured property, cancellationally, payments other than interest and dividends, you are not require actions on page 3.	turn. For real estate transa on of debt, contributions to	ctions an inc	, iten dividi	n 2 d ual re	loes etire	not	apply at arra	. Fo	or mo	ortgag t (IRA	ge (), ar	nd	
Sigr Her		Dat	te ▶	09/19	9/2011	15								
Ge	neral Instructions	Form 1098 (home more (tuition)	tgage ir	nteres	st), 10)98-6	E (sti	udent la	oan	intere	st), 10	098-1	Γ	
Section references are to the Internal Revenue Code unless otherwise noted. • Form 1099-C (canceled deb			d debt)											
Figure developments Information about developments offerting Form W.O. (c) ab			abandonment of secured property)											
Purpose of Form Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.), to								
	If you do not return Form W-9 to the requester with a TIN, you might be subject to health with health and the health						bject							

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
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

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
- 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.