Dear 2019 FSACOFP Exhibitors:

On behalf of the Florida Society of the American College of Osteopathic Family Physicians (FSACOFP), we are pleased to announce the 2019 Annual FSACOFP & FOMA Family Medicine Convention, August 1st – August 4th, 2019 at the Omni ChampionsGate Resort (1500 Masters Boulevard, Davenport, FL 33896) in Orlando, Florida.

We would like to extend a special invitation for you and your company to exhibit with us!

The FSACOFP, is a state divisional society of the American College of Osteopathic Family Physicians (ACOFP), which represents over 2,000 osteopathic family physicians in Florida. The Convention offers approximately (27) hours of AOA (1-A) continuing medical education credits including those required for licensure renewal in Florida.

Exhibit Set-up: Thursday - 8/1: 2:00 pm - 5:00 pm

Exhibit Hours: Friday – 8/2: 7:15 am - 3:00 pm
Saturday - 8/3: 7:15 am – 12:00 pm

Exhibit Tear-down: Saturday - 8/3: 12:00 pm

As an exhibitor, your company will receive a pre-registered and final list of attendees.

The cost for exhibiting is $1,250 (table tops only) and includes a 6-foot draped table with 2 chairs. Remember that space is limited and assignments are made on a first received basis. Please send your exhibitor agreement and check/payment to the FSACOFP, 2544 Blairstone Pines Drive, Tallahassee, Florida, 32301. The FSACOFP TAX-ID is 59-2013158.

Thank you again for your support of the FSACOFP and osteopathic profession in Florida.

Sincerely,

Linda Delo, DO
President
EXHIBITOR AGREEMENT
FLORIDA SOCIETY of the ACOFP
2019 Annual FSACOFP Convention
August 1\textsuperscript{st} – August 4\textsuperscript{th}, 2019

COMPANY Name: __________________________________________

DESCRIPTION OF GOODS OR SERVICES BEING OFFERED: ____________

REPRESENTATIVE'S Name: ________________________________________

ADDRESS: ____________________________________________________

CITY/STATE/ZIP: ______________________________________________

PHONE: ___________________ FAX: ______________________________

E-MAIL: _______________________________________________________

Company website: ______________________________________________

Credit Card Payment: Visa/MC/AX # ______________________________

Exp: ___________ V-Code: ___________

Different billing address: _________________________________________

Enclosed is a check or credit card payable to the FSACOFP in the amount of $1250.00 for a table top exhibit at the 2019 Annual FSACOFP Convention, August 1\textsuperscript{st} – August 4\textsuperscript{th}, 2019 at the Omni ChampionsGate Resort in Orlando, FL. Please indicate your top three choices below (i.e. 1\textsuperscript{st}, 2\textsuperscript{nd}, 3\textsuperscript{rd}). If your top choice is taken, the FSACOFP reserves the right to assign the closest available table.

FSACOFP Federal ID # 59-2013158

(Representative Signature)

Send to: FSACOFP Exhibits * 2544 Blairstone Pines Drive * Tallahassee, FL 32301

CHOICE 1: ________________
CHOICE 2: ________________
CHOICE 3: ________________
Request for Taxpayer Identification Number and Certification

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above.
Florida Society of the American College of Osteopathic Family Physicians, Inc.

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
- Individual/self-proprietor or
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C or S corporation, etc.; see instructions on page 3).

4. Exemptions (boxes apply only to certain entities, not individuals; see instructions on page 3):
- Exempt payee code (if any)
- Exemption from FICA reporting code (if any)

5. Address (number, street, and apt. or suite no.): 2544 Blaisdorne Pines Drive
City, state, and ZIP code: Tallahassee, FL 32301

6. 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.

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

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: 11/1/2019

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

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 / paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or grants proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-G (proceeds from real estate transactions)
- Form 1098-K (merchant card and third party network transactions)

Cat. No. 10231X

Form W-9 (Rev. 12-2014)