



## 2025 Upper Peninsula Fall Seminar

The Michigan Pharmacists Association's Upper Peninsula Pharmacists Association Fall Seminar will be held in person Saturday, Oct. 25, 2025, at the Northern Center at Northern Michigan University located at 1401 Presque Isle Ave., Marquette, MI 49855. The meeting will offer continuing education for more than 50 pharmacists, pharmacy residents, student pharmacists and pharmacy technicians. The meeting provides a forum for corporate attendees to exchange information and ideas with conference participants. The agenda will provide you with 90 minutes of exclusive time with various individuals and decision makers throughout the area. Exhibitors will be allowed to have two representatives to staff the exhibit table during the times the show is open. The exhibitor area is located in a separate area from the continuing education sessions. Pharmaceutical companies and organizations providing products and services for pharmacy professionals are invited to exhibit.

We are asking for your participation and financial support as an exhibitor. The Michigan Pharmacists Association's tax ID number is 38-0830740. Please consider participation as outlined below. A response form is enclosed for your convenience. Register and submit payment by **Oct. 3, 2025**, to receive the highest level of recognition in our promotional materials.

Package	Inclusions
Exhibit Package - \$600	Two event registrations, exhibit table, two company representatives to staff the exhibit, company logo on event promotions and attendee contact list for additional follow-up.

On behalf of the Upper Peninsula Pharmacists Association, thank you for considering this request to support and join us at the Fall Seminar. If you need additional information, please contact Bryan Freeman, MPA chief strategy officer, at 517-377-0257 or [BryanFreeman@MichiganPharmacist.org](mailto:BryanFreeman@MichiganPharmacist.org).

Sincerely,

Abigail Fenton

MPA Upper Peninsula Division Michigan Pharmacists Association, President



## EXHIBIT SPONSOR RESPONSE FORM

### Upper Peninsula Fall Division Conference

Saturday, Oct. 25, 2025

Northern Center at Northern Michigan University, 1401 Presque Isle Ave., Marquette, MI 49855

Please complete this form and return to Bryan Freeman @ [BryanFreeman@MichiganPharmacists.org](mailto:BryanFreeman@MichiganPharmacists.org) by Oct. 3, 2025.

Yes, I will be a corporate exhibitor for the event.

☐ \$600

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

The representatives who are likely to staff the Exhibit Table.

1. \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Method of Payment

☐ Check will be mailed (Payable to Michigan Pharmacists Association)

☐ VISA/MasterCard/AMEX/Discover

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Checks should be mailed to:

Michigan Pharmacists Association  
Attn: Bryan Freeman  
408 Kalamazoo Plaza  
Lansing, MI 48933

MPA - UP Division Fall Conference 2025

FRIDAY 10/24

**Social Event hosted by Ferris State University Alumni Friday evening** Time and location TBD

**SATURDAY 10/25**

<b>Start Time</b>	<b>End Time</b>	<b>Topic</b>	<b>Presenter</b>	<b>CE</b>
0800	0930	Topic TBD	Cynthia Feucht, PharmD	1.5
0930	1000	Break with exhibitors		
1000	1130	Buprenorphine for Chronic Pain	Brianna Filtz, PharmD	1.5
1130	1230	Lunch (including time to interact with exhibitors)		
1230	1400	New Drug Update	Aaron Jones, PharmD	1.5
1400	1430	Break with exhibitors		
1430	1600	Topic TBD		1.0

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Michigan Pharmacists Association</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>408 Kalamazoo Plaza</b> <b>6</b> City, state, and ZIP code <b>Lansing, MI 48933</b> <b>7</b> List account number(s) here (optional)	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

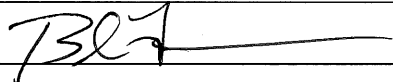
<b>Social security number</b>										
				-				-		
<b>or</b>										
<b>Employer identification number</b>										
3	8		0	8	3	0	7	4	0	

**Part II Certification**

Under penalties of perjury, I certify that:

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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person 	Date <b>3/17/2025</b>
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**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they