MICHIGAN PHARMACISTS ASSOCIATION

2026 Upper Peninsula Division Fall Conference

The Michigan Pharmacists Association (MPA) Upper Peninsula Division's Fall Conference will be held in person Saturday, Oct. 10, 2026, 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. With no concurrent programming, the agenda will provide you with up to 150 minutes of exclusive time with various individuals and decision makers throughout the area. Exhibitors will be allowed to have two representatives to staff their 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. MPA's tax ID number is 38-0830740. Please consider participation as outlined below. MPA has transitioned to an electronic invoicing system, allowing easy online payment by ACH or card, in addition to still accepting checks. Register and submit payment by Sep. 18, 2026, 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 MPA 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 Ashley Builta, MPA director of meetings and education, at 517-377-0225 or Ashley@MichiganPharmacist.org.

Sincerely,

Josh Havrilka

MPA Upper Peninsula Division, President

MICHIGAN PHARMACISTS ASSOCIATION

MPA Upper Peninsula Division

2026 Fall Conference Agenda (DRAFT)

FRIDAY 10/9/2026

Friday Evening Social Event for all registered attendees: Time and location TBD

SATURDAY 10/10/2026

Start Time	End Time	Topic	Presenter
0800	0900	Check-in and coffee with exhibitors	
0900	1030	Topic 1: Drug Update	TBA
1030	1100	Break with exhibitors	
1100	1230	Topic 2: GLP-1/DM/Weight Loss	TBA
1230	1330	Lunch (including time to interact with exhibitors)	
1330	1500	Topic 3: Anticoagulation	TBA
1500	1530	Break with exhibitors	
1530	1700	Topic 4: Infectious Diseases	TBA

Draft agenda as of 5/19/2026

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *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.

1 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.)

Michigan Pharmacists Association

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . ______

Note: 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.

☑ Other (see instructions) 501(c)(6)

3b 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 . . . . ☐

4 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.)

5 Address (number, street, and apt. or suite no.). See instructions.

408 Kalamazoo Plaza

6 City, state, and ZIP code

Lansing MI 48910

Requester's name and address (optional)

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 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.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

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.

Sign Here Signature of U.S. person Amy Ross Date 2/27/26

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*.

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

MICHIGAN PHARMACISTS ASSOCIATION

RESPONSE FORM

MPA Upper Peninsula Division Fall Conference
Saturday, Oct. 10, 2026
Northern Center at Northern Michigan University, 1401 Presque Isle Ave., Marquette, MI 49855

Please complete this form and return to Ashley Builta, Ashley@MichiganPharmacists.org by Sep. 18, 2026.

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) ☐ Card or ACH

The MPA billing system has been updated. If electing to pay by card or ACH, an invoice will be generated and receipt sent to the email provided here:

Checks should be made payable to "Michigan Pharmacists Association" and mailed to:

Michigan Pharmacists Association
Attn: Ashley Builta
408 Kalamazoo Plaza
Lansing, MI 48933