



2024 Upper Peninsula Fall Seminar

The Michigan Pharmacists Association's Upper Peninsula Pharmacists Association Fall Seminar will be held in person Saturday and Sunday, Oct. 5-6, 2024, 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 100 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 **Sept. 6, 2024**, to receive the highest level of recognition in our promotional materials.

Package	Inclusions
Exhibit Package - \$500	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.

Sincerely,
Abigail Fenton
MPA Upper Peninsula Michigan Pharmacists Association President



MICHIGAN PHARMACISTS ASSOCIATION

EXHIBIT SPONSOR RESPONSE FORM

Upper Peninsula Fall Division Conference

Saturday, Oct. 5 and Sunday, Oct. 6, 2024

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 by Sept. 6, 2024.

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

\$500

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

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. <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) 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. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	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 <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions. 408 Kalamazoo Plaza	Requester's name and address (optional)	
	6	City, state, and ZIP code Lansing, MI, 48933		
	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:

- 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 for Part II, later.

Sign Here	Signature of U.S. person	Date 5/8/2024
------------------	--------------------------	----------------------

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