

Singing River Health System Foundation invites you to participate in the upcoming Pharmaceutical Vendor Fair. This event provides a unique opportunity to exhibit, interact with, and educate healthcare professionals from various disciplines. Anticipated attendance is around 50 professionals, including Physicians, Advanced Practice Providers, Pharmacy, Nursing, and Administration.

Where: Ocean Springs Hospital Board Room

3109 Bienville Blvd, Ocean Springs, MS

When: February 18, 2025 | 11:00am – 1:00pm

Cost: \$1,500 per event

Who: Max of 2 reps per table

Your exhibit fee includes a draped table, two chairs, and electrical outlet if needed. Tables are limited and a max of two reps are allowed per table. Setup begins at 10:00 am.

Event fee is solely for the purchase of exhibit space and is required of all exhibitors participating in the event.

No refunds or future credits will be given.

You must complete the registration at this link in order to secure your spot, and you will be given the option to pay with check, card, or ACH: <u>SingingRiverHealthSystem.com/PharmaFair</u>





## Agenda

Tuesday, February 18, 2025

Ocean Springs Hospital Board Room 3109 Bienville Blvd, Ocean Springs, MS

10:00am

**Vendor Set Up** 

11:00am

**Pharmaceutical Vendor Fair Begins** 

1:00pm

**Pharmaceutical Vendor Fair Ends** 

1:00pm-3:00pm

**Vendor Break Down** 



(Rev. October 2018) 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.

	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank		100000					7					
1	Singing River Health System Foundation													
	2 Business name/disregarded entity name, if different from above													
Print or type. See Specific Instructions on page 3.	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.							4 Exemptions (codes apply only to certain entities, not individuals; see						
	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/esta					instructions on page 3):								
	single-member LLC							Exempt payee code (if any)						
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)  Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check							Exemption from FATCA reporting						
	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner on the control of the owner unless the owner that the control of the owner of the control of the owner of the control of the owner of the control of the control of the owner of the control of the owner of the control of the owner owner owner.					1	code (if any)							
beci	✓ Other (see instructions) ► 501c3 non-profit						(Applies to accounts maintained outside the U.S.)							
e S	5 Address (number, street, and apt. or suite no.) See instructions.	ions. Requester's name						and address (optional)						
Se	3109 Bienville Blvd													
	6 City, state, and ZIP code													
	Ocean Springs, MS 39564 7 List account number(s) here (optional)													
-	- Set decount number(s) field (optional)													
Par	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					cial s	ecur	ity n	umber						
							_[		] _[					
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 <i>How to get a</i>							-[		] [					
TIN, later.														
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and					Employer identification number									
IVUITIO	er To Give the Requester for guidelines on whose number to enter.		- 4	6	4	-	0	8 6	4	3	5	0		
Par	Certification													
-	penalties of perjury, I certify that:													
	number shown on this form is my correct taxpayer identification num	ber (or I am waiting for	a numbe	er to	be is	ssue	ed to	me); a	ind					
Ser	n not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a failu longer subject to backup withholding; and													
3, I an	n 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 exem	pt from FATCA reportin	ng is corr	rect.	6									
you ha	cation instructions. You must cross out item 2 above if you have been not pailed to report all interest and dividends on your tax return. For real estition or abandonment of secured property, cancellation of debt, contribut han interest and dividends, you are not required to sign the certification,	state transactions, item 2 tions to an individual retir	does no ement ar	ot ap	ply. F gemer	or n	norto	gage in and ge	erest nerally	paid,	me	ents		
Sign Here			Date ►	1		3	. 6	24	8					
Ger	neral Instructions	• Form 1099-DIV (dir funds)	vidends,	incl	luding	g the	ose	from st	ocks	or m	utu	al		
Section references are to the Internal Revenue Code unless otherwise noted.		Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)												
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	<ul> <li>Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> </ul>												
	ney were published, go to www.irs.gov/FormW9.	<ul> <li>Form 1099-S (proceeds from real estate transactions)</li> </ul>												
Purp	pose of Form	<ul> <li>Form 1099-K (merchant card and third party network transactions)</li> </ul>												
inform	ividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	<ul> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> </ul>												
	cation number (TIN) which may be your social security number individual taxpayer identification number (ITIN), adoption	Form 1099-C (canceled debt)												
taxpay	er identification number (ATIN), or employer identification number	<ul> <li>Form 1099-A (acquisition or abandonment of secured property)</li> <li>Use Form W-9 only if you are a U.S. person (including a resident</li> </ul>												
amoun	o report on an information return the amount paid to you, or other t reportable on an information return. Examples of information include, but are not limited to, the following.	alien), to provide you	ur correc	it Tir	N.				11.00					
	1099-INT (interest earned or paid)	be subject to backup	If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,											

later.