



Alabama Osteopathic Medical Association
34th Annual Emerald Coast Conference
The Hilton Sandestin Beach & Golf Resort
July 21-25, 2024

Invitation to Exhibit

Tony Weaver, DO
President

James Nabers, DO
Program Chair

To Whom It May Concern:

On behalf of the Alabama Osteopathic Medical Association, I am requesting a display fee in the amount of \$1,500.00 for our 34th Annual Emerald Coast Conference. The Alabama Osteopathic Medical Association is a non-profit organization comprised of osteopathic physicians, residents and students in Alabama. It is a divisional society of the American Osteopathic Association and the purpose of ALOMA is to promote public health while also promoting the art, science and philosophy of osteopathic medicine.

We provide continuing medical education for osteopathic physicians. Historically, we have had at least 100 physicians in attendance. Checks should be payable to The Alabama Osteopathic Medical Association. **Our Tax ID number is 63-1023035.**

Included with Exhibit Fee

- Six foot table
- 2 chairs
- Wastebasket
- Space for a 6 ft Wide Popup Sign or a Tabletop Display
- Electricity available upon request
- Breakfast and break food is set up in the exhibit hall in order to give maximum exposure.
- Exhibitors are welcome to sit in on lectures and attend our Sunday night poolside reception but of course we ask that no product or talk of product is taken into the lecture hall.

We would appreciate it if you would consider exhibiting at our program. If you have any questions, please contact Jamie at (205) 570-5576 or jamie@aloma.org.

Sincerely,

James Nabers, DO

James Nabers, DO
Program Chair

Alabama Osteopathic Medical Association

Exhibit Registration Form

34th Annual Emerald Coast Conference

July 21 - 25, 2024

OUR COMPANY WANTS TO RESERVE EXHIBIT SPACE (\$).

\$1,500 EXHIBIT FEE ENCLOSED TO FOLLOW ASAP

Acceptable forms of payment: Check or Credit Card. **Check#** _____ **Date:** _____

Credit Card: MC Visa Discover American Express

Card Number: _____ **Expiration Date:** _____

Name on Card: _____ **Security Code:** _____

Billing Address: _____

OUR COMPANY WOULD LIKE TO PROVIDE AN ADDITIONAL UNRESTRICTED EDUCATIONAL GRANT.

THE AMOUNT OF OUR **ADDITIONAL UNRESTRICTED EDUCATIONAL GRANT** IS \$

All funds contributed for this CME program must be paid directly through the Alabama Osteopathic Medical Association.

Our ADDITIONAL SPONSORSHIP for the 34th Annual Emerald Coast Conference will be:

Continental Breakfast \$5,000 Exhibit Break \$3,000 Luncheon \$6,000

Student/Postgraduate Scholarship \$5,000 each scholarship

Register Online at www.aloma.org

Company: _____

Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Make Checks Payable To: Alabama Osteopathic Medical Association

ALOMA Tax ID: 63-1023035

Complete and return this form with payment to:

Alabama Osteopathic Medical Association

PO Box: PO Box 450 Piedmont, AL 36272

Email: jamie@aloma.org

Website: www.aloma.org (online registration available)

Phone: (205) 570-5576 Fax: (205) 206-7664 (credit card registration only)

Page 1 of 2 to be completed and returned to ALOMA

Exhibitors Registration Form

Company Name:

District Manager	Regional Manager
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Email:	Email:
Will you be attending?	Will you be attending?

Company representatives attending conference	
Wednesday:	Wednesday:
Thursday:	Thursday:
Friday:	Friday:
Saturday:	Saturday:
Sunday:	Sunday:

Important: Please check all that applies.

- Our exhibit requires electricity.

- Our exhibit has a large (floor) standing backdrop _____ feet high by _____ feet wide. I realize booth relocation may apply if in conflict with other exhibits.

- We will provide the following door prize at the conference: _____

In accordance with the American Disabilities Act of 1990, the Alabama Osteopathic Medical Association will make all reasonable efforts to accommodate persons with disabilities at its meetings.

Make Checks Payable To: Alabama Osteopathic Medical Association
ALOMA Tax ID: 63-1023035
Complete and return this form with payment to: Alabama Osteopathic Medical Association
PO Box 450 Piedmont, AL 36272
Email: jamie@aloma.org
Website: www.aloma.org (online registration available)
Phone: (205) 570-5576 Fax:(205) 206-7664 (credit card registration only)
Page 2 of 2 to be completed and returned to ALOMA

**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.) Alabama Osteopathic Medical 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 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) 501c3 Corporation	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. PO Box 450	6	City, state, and ZIP code Piedmont, AL 36272
	7	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.

Social security number																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> <td style="width:25%; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> </table>					-	-	-	-	OR Employer identification number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; text-align: center;">6</td> <td style="width:12.5%; text-align: center;">3</td> <td style="width:12.5%; text-align: center;">-</td> <td style="width:12.5%; text-align: center;">1</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">2</td> <td style="width:12.5%; text-align: center;">3</td> <td style="width:12.5%; text-align: center;">0</td> <td style="width:12.5%; text-align: center;">3</td> <td style="width:12.5%; text-align: center;">5</td> </tr> </table>	6	3	-	1	0	2	3	0	3	5
-	-	-	-																
6	3	-	1	0	2	3	0	3	5										

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 6/12/2024
------------------	------------------------------	-----------------------

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