# **2024 RESEARCH SYMPOSIUM - EXHIBITOR APPLICATION**

| APRIL 19 2023 WKHL BOWLING GREEN   | KY WWW.WKHLRESEARCH.COM   |  |  |  |  |
|--|---|--|--|--|--|
| <b>EXHIBITOR APPLICATION</b><br>Please type or print all information legibly to avoid a delay in processing.                                   | <b>BOOTH PERSONNEL</b><br>Booth personnel receive complimentary<br>registration and lunch to the symposium<br>listed below. |  |  |  |  |
| ORGANIZATION NAME  | BOOTH PERSONNEL 1 (included in all packages)  |  |  |  |  |
| CONTACT (FULL NAME AND TITLE) All exhibit material forwarded to this person.<br>Please check if you fall into any of the following categories: | BOOTH PERSONNEL 2 (included in all packages)  |  |  |  |  |
| Pharma Science and Research  | BOOTH PERSONNEL 3 (included in GOLD package)  |  |  |  |  |
| Pharma Marketing   | <b>PAYMENT</b> Please mail <u>completed application/payment</u> to:   |  |  |  |  |
| Other:   | WKHL Research Foundation & Educational Trust<br>421 US 31W By-Pass<br>Bowling Green, KY 42101                               |  |  |  |  |
| EMAIL ADDRESS  | Bowning Green, KT 42101   |  |  |  |  |
| MAILING ADDRESS  | Please make entire amount payable to WKHL<br>Research Foundation & Educational Trust<br>(see W-9 attached)                  |  |  |  |  |
| CITY STATE ZIP CODE  |   |  |  |  |  |
| CONTACT TELEPHONE  | ATTENDEE SIGNATURE  |  |  |  |  |
| PRODUCT/SERVICE EXHIBITED  | All Exhibitor registrations need to be submitted by:<br>APRIL 1, 2024   |  |  |  |  |
| EXHIBITOR OPTIONS:<br>Please select one of the following Exhibitor options.<br>GOLD (\$5,000)<br>SILVER (\$3,000)                              | RESEARCH<br>SYMPOSIUM   |  |  |  |  |
|  | QUESTIONS?<br>Please contact Sheryl Morris at:<br><u>smorris@wkheartandlung.com</u> or call 270-784-2781                    |  |  |  |  |

| Form     | W.        | -9          |
|----------|-----------|-------------|
| (Rev. C  | ctober.   | 2018)       |
| Departr  | nent of t | he Treasury |
| Internal | Revenu    | e Service   |

## Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

|  | Western Kentucky Heart and Lung Research Foundation and Educational Tru   | ust  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
|  | 2 Business name/disregarded entity name, if different from above  |  |  |  |  |  |  |  |  |
| Print or type.<br>ic Instructions on page 3. | <ul> <li>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes.</li> <li>☐ Individual/sole proprietor or  └ C Corporation  ☐ S Corporation  ☐ Partnership single-member LLC</li> <li>☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner Note: Check the appropriate box in the line above for the tax classification of the single-member or LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the canother LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner is disregarded from the owner should check the appropriate box for the tax classification of its owner is disregarded from the owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classification of its owner should check the appropriate box for the tax classificatis owner should check the appropriate box for the tax classi</li></ul> | Exemptions (codes apply only to<br>certain entities, not individuals; see<br>instructions on page 3):     Exempt payee code (if any)     Exemption from FATCA reporting<br>code (if any) |  |  |  |  |  |  |  |
| P<br>Specific                                | Other (see instructions) ►  | _  | (AppSes to accounts maintained outside the U.S.) |  |  |  |  |  |  |
|  | 5 Address (number, street, and apt. or suite no.) See instructions.   | nd address (optional)  |  |  |  |  |  |  |  |
| See  | 421 US 31W By-Pass  |  |  |  |  |  |  |  |  |
|  | 6 City, state, and ZIP code   |  |  |  |  |  |  |  |  |
|  | Bowling Green, KY 42101   |  |  |  |  |  |  |  |  |
|  | 7 List account number(s) here (optional)  |  |  |  |  |  |  |  |  |
| Par  | t I Taxpayer Identification Number (TIN)  |  |  |  |  |  |  |  |  |
| Entery                                       | surity number   |  |  |  |  |  |  |  |  |
|  | p withholding. For individuals, this is generally your social security number (SSN). However, f<br>nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other  | ora  |  |  |  |  |  |  |  |

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 T/N*, later.

| Social security number |      |       |       |       |       |     |    |   |   |  |
|------------------------|------|-------|-------|-------|-------|-----|----|---|---|--|
|                        |      |       | -     |       |       | -   |    |   |   |  |
| or<br>Em               | ploy | er id | entil | licat | ion r | umt | er |   |   |  |
| 4                      | 7    | -     | 3     | 9     | 3     | 1   | 9  | 6 | 6 |  |

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

#### 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 raturn. 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<br>Here | Signature of<br>U.S. person ► | V | m | àn | $\langle \rangle$ | Nijo  | Date ► | 1-1-2024 | [     |
|              |                               | T |   |    | $\overline{}$     | <br>_ |        |          | 1     |

## **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.

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

Form 1099-DIV (dividends, including those from stocks or mutual funds)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- · Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident atlen), to provide your correct TIN.

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.