



Dear Pharmaceutical Professional,

The New Promise Cancer Foundation would like to cordially invite you to participate in our 2025 Oncology Product Fairs at the DoubleTree Hotel in Dothan, Alabama. Please mark your calendars to join us from 4:30pm - 7pm on the following dates:

- Wednesday, January 22, 2025
- Wednesday, April 23, 2025
- Wednesday, July 23, 2025
- Wednesday, October 8, 2025

This is an opportunity for you to exhibit, interact, and educate healthcare professionals from various oncology disciplines. The Dothan Hematology + Oncology physicians, nurse practitioners, oncology nurses, clinical research team, pharmacy director, laboratory director, and members of our leadership team plan to participate. Expected attendance is approximately 45 healthcare professionals.

The exhibit fee is \$3,000 per fair includes a table for display of your clinical information, literature, and handouts for the healthcare professionals. We are limited to the number of tables per event, and each table can include up to two (2) representatives from your company. Space is limited and will be filled on a first come, first served basis.

Exhibit fees may be paid online via credit card or ACH by going to <https://www.newpromisefoundation.org/oncology-fair> or by completing the attached exhibitor form and mailing a check. Thank you for your support of the New Promise Cancer Foundation.

Sincerely,

A handwritten signature in blue ink that reads "Jill Hoops".

Jill Hoops

Executive Director

New Promise Cancer Foundation

The New Promise Cancer Foundation is a 501©3 nonprofit organization located in Dothan, Alabama whose mission is to provide cancer patients with financial assistance and support services during their cancer journey. Our federal tax identification number is 92-3515186.

Date:



## 2025 Oncology Product Fairs

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

REPRESENTATIVE 1 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REPRESENTATIVE 2 NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PAYMENT

JANUARY 22 (\$3,000)

JULY 23 (\$3,000)

APRIL 23 (\$3,000)

OCTOBER 8 (\$3,000)

CHECK ENCLOSED (please make checks payable to the New Promise Cancer Foundation)

PLEASE CHARGE MY CREDIT CARD

Mastercard / Visa / Discover / American Express (circle one)

CARD #:

EXPIRATION:

CVV:

Please complete this form and email to [info@newpromisefoundation.org](mailto:info@newpromisefoundation.org) to reserve your table.

Registration and payment may also be made on our website or by calling (334) 836-0810.

**Payment must be received to secure your table at each fair. Any cancellations within 72 hours of the event will not be refunded or reallocated to another event.**

*If you cannot attend the exhibit fairs, payment cannot be applied toward future exhibit fairs, except in the case of natural disasters (storms, snow, pandemic, etc.) or unless this exhibit fair is rescheduled or cancelled by the New Promise Cancer Foundation.*

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.	<b>1</b>	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.) <b>DHO Foundation</b>		
	<b>2</b>	Business name/disregarded entity, name, if different from above. <b>NEW PROMISE Cancer Foundation</b>		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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) <b>Note:</b> 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 checked="" type="checkbox"/> Other (see instructions) <b>nonprofit exempt under section 501(c)3</b>	<b>4</b>	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>
	<b>3b</b>	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"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions. <b>287 Healthwest Drive</b>	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code <b>DOTHAN AL 36303</b>		
	<b>7</b>	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.

<b>Social security number</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> </tr> </table>					-				-			
				-				-				
or												
<b>Employer identification number</b>												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; border: 1px solid black;">9</td> <td style="width: 25px; height: 20px; border: 1px solid black;">2</td> <td style="width: 25px; height: 20px; border: 1px solid black;">-</td> <td style="width: 25px; height: 20px; border: 1px solid black;">3</td> <td style="width: 25px; height: 20px; border: 1px solid black;">5</td> <td style="width: 25px; height: 20px; border: 1px solid black;">1</td> <td style="width: 25px; height: 20px; border: 1px solid black;">5</td> <td style="width: 25px; height: 20px; border: 1px solid black;">1</td> <td style="width: 25px; height: 20px; border: 1px solid black;">8</td> <td style="width: 25px; height: 20px; border: 1px solid black;">6</td> </tr> </table>	9	2	-	3	5	1	5	1	8	6		
9	2	-	3	5	1	5	1	8	6			

**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.

## 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.

<b>Sign Here</b>	Signature of U.S. person <b>Bill Hoops</b>	Date <b>04/10/2024</b>
------------------	---	---------------------------

## 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](http://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