

Society of Psychiatric Advanced Practice Nurses

<https://www.psychapn.org>

To: Potential Vendors/Exhibitors,

From: Society of Psychiatric Advanced Practice Nurses (Tax ID 22-3092543)

On behalf of the Society of Psychiatric Advanced Practice Nurses (SPAPN), thank you for considering sponsorship of our 2023 Spring Conference. SPAPN provides leadership and educational opportunities for Psychiatric Advanced Practice Nurses. SPAPN encompasses Nurse Practitioners, Clinical Nurse Specialists, and student Psychiatric Nurse Practitioners. As APNs, we are healthcare providers with prescriptive authority.

SPAPN will be hosting an all-day Psychiatric APN Professional Education Conference on Saturday, October 21, 2023, at Rowan University, in Glassboro, NJ. There will be educational sessions providing APN participants with continuing nursing education hours, including pharmacology credits. There will also be a Poster session to allow APNs and APN students to display their scholarly work. Registration will begin at 8:00 AM, and the event ends at 3:00 PM. We are currently seeking support from vendors/exhibitors to support the event related costs such as venue expenses, breakfast, lunch, educational handouts, speaker fees, and tote bags/gifts. Tables for tabletop exhibits/displays will be available.

Selection #1: Promo and Advertisement fee \$1000

Includes acknowledgement on printed materials, website and social media, sign at breakfast table and in the conference room. Signage throughout the day. Table for display with two chairs included.

Selection #2: Promo and Advertisement fee \$750

Includes acknowledgement on printed materials, website and social media. Table for display with two chairs included.

Note: Vendors are responsible for providing any signage. Set up time is 7:30 am
ALL FEES for sponsoring the conference are due by October 10th, 2023.

Payment

Option #1 (Preferred) Online payments can be made here:
<http://psychapn.org/Sponsors/>

Option #2 Checks made out to SPAPN can be mailed to:

SPAPN
Suite 205
759 Bloomfield Avenue
West Caldwell, NJ 07006

Thank you for your consideration, generosity, and support in helping us achieve our educational objectives.

Sincerely,

Kathleen Prendergast DNP, PMHNP, Education Chair SPAPN

Cell (973) 818-6310

kprendergastnp@gmail.com

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.

Society of Psychiatric Advanced Practice Nurses

2 Business name/disregarded entity name, if different from above

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.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

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 LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

TAX EXEMPT

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

759 Bloomfield Avenue Suite 205

6 City, state, and ZIP code

West Caldwell, NJ 07006

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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OR

Employer identification number

2	2	-	3	0	9	2	5	4	3
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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 ▶

Jaime Gabriel, President

Date ▶ 3/3/2023

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 alien), 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.