

LSCLS/ASCLS-MS Joint Annual Meeting and Exhibits

Dear Prospective Sponsor/Exhibitor:

LSCLS and ASCLS-MS are pleased to be hosting the 2019 American Society of Clinical Laboratory Science LSCLS/ASCLS-MS Joint Annual Meeting and Exhibits. ASCLS is the primary professional organization representing clinical laboratory scientists in Louisiana and Mississippi. This year's theme is "Pathogen Park." The meeting will take place at the Monroe Convention Center and Conference Hall in Monroe, LA April 8-11, 2019. Our membership, including laboratory directors, laboratory managers, clinical laboratory educators and students, of laboratory professionals is well represented at our annual meeting; we anticipate approximately 400 attendees at this upcoming event.

We extend an invitation to you and your company to join us as an exhibitor and/or sponsor at what we anticipate to be another awesome joint meeting. Exhibitor setup begins on Tuesday, April 9, 2019 from 2:30 pm until 5:30 pm and Wednesday, April 10, 2019 from 7:00am until 08:30am. Vendor exhibits will open Wednesday, April 10, 2019 from 9:30am until 3:00pm. Dismantling may begin immediately after the official close of the exhibits on Wednesday afternoon.

Booth prices are as follows:

Vendor Booth (with electricity) \$500 single and \$775 double

Please submit applications by March 1, 2019 in order to have your company's name published in the program. Exhibit fees must be received by April 1, 2019 to guarantee space. Assignment of booths will be based on receipt of application and exhibit fee. Please return you application as soon as possible so complete exhibit information can be sent to you.

Completed exhibit applications should be returned to the address listed below (email is great!). Checks should also be sent to the following address:

LSCLS/ASCLS-MS Joint Annual Meeting (LSCLS Tax ID# 72-6029548, W9 attached)
Gaye Brunson (gaye.brunson@reevesmemorial.com)
451 Cramer Road, Bernice, La 71222
318-285-9066 work

If you have any questions, please contact: Gaye Brunson or Michele Werner (labgirl1967@gmail.com)



2019 LSCLS/ASCLS-MS Joint Annual Meeting and Exhibits April 8, 2019 – April 11, 2019

Company name:	
Address:	<u>-</u>
Contact person:	
Representative manning the booth (for nan	ne badge): 2)
Vendor Booth (with electricity)	\$500 single or\$775 double
	(Manager's LuncheonStudent's Luncheon (Coffee breakAwards Luncheon)
Total Payment Due \$	<u> </u>
Make checks payable to: LSCLS/ASCLS-MS Joint Annual Meeting Tax ID	# 72-6029548 (W9 can be found at end of this document)
Do Not Place Us Next To:	
Place Us Next To:	
organizations through the years. We sincer outstanding meeting. Should you have any Gaye Brunson gaye.brunson@reeve	pport your company has extended to our laboratory rely hope you can join us in Monroe, LA for this questions, please do not hesitate to contact us. 25

Form W-9 (Rev. December 2014) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

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	1 Name (as shown on your income tax return). Name is required on this line; of		70.500150			60 ± 0							
	American Society for Clinical Laboratory Science ASCLS	_Louisiana						_	_				
ci m	2 Business name/disregarded entity name, if different from above												
Ge G	Louisiana Society for Clinical Laboratory Science				1					_			
Print or type See Specific Instructions on page	S Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or				inst	Exemptions (codes apply only to certain entities, not inclividuals; see instructions on page 3); Exempt payee code (if any)							
	Note, For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tin the tax classification of the single-member owner.				e above for code (if any)								
	☐ Other (see instructions) ► 501C-6 Tax Exe	mpt Organization			(App	ées no ac	counts in	ointa	inod oc	dsio	ethe U.S.)		
	5 Address (number, street, and apt. or suite no.) Requester's name							and address (optional)					
e.	4051 Peairs Rd												
98	6 City, state, and ZIP code												
ŭ	22.10.7,												
	7 List account number(s) here (optional)												
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Enter	your TIN in the appropriate box. The TIN provided must match the na	me given on line 1 to avoid	So	Social security number									
backu	up withholding. For individuals, this is generally your social security nu	mber (SSN). However, for a		T						_			
	ent alien, sole proprietor, or disregarded entity, see the Part I instructions, it is your employer identification number (EIN). If you do not have a				1 8	-		-					
	n page 3.	manuel, see now to get a	or					١		_			
	If the account is in more than one name, see the instructions for line	1 and the chart on page 4 t	(F	Employer identification number									
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Par	Certification					_		_		_			
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	FATCA code(s) entered on this form (if any) indicating that I am exem	not from FATCA reporting in	correct	2									
Certif becau intere gener instru	fication instructions. You must cross out item 2 above if you have be use you have failed to report all interest and dividends on your tax retu st paid, acquisition or abandonment of secured property, cancellation ally, payments other than interest and dividends, you are not required ctions on page 3.	en notified by the IRS that im. For real estate transact of debt, contributions to a	you are ions, iter n individ	n 2 c	foes n	ot app ent ar	ply. For	r m	iortg	ag RA)	e , and		
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Ger	neral Instructions	Form 1098 (home mortga (tuition)	ige intere	st), 10	098-E ¢	studen	it loan ir	nte	rest),	10	98-T		
Sectio	n references are to the Internal Revenue Code unless otherwise noted.	Form 1099-C (canceled debt)											
Future developments. Information about developments affecting Form W-9 (such		Form 1099-A (acquisition or abandonment of secured property)											
	slation enacted after we release it) is at www.irs.gov/fw9.	Use Form W-9 only if you are a U.S. person (including a resident ation), to provide your correct TIN.											
		If you do not return Form	W-9 to t	ho ro	cuester	with a	71N. v	ou:	mlah	t be	subject		
	ividual or entity (Form W-9 requester) who is required to file an information with the IRS must obtain your correct taxpayer identification number (TIN)	to backup withholding. See What is backup withholding? on page 2.											
	may be your social security number (SSN), individual taxpayer identification or (TBN), adoption taxpayer identification number (ATIN), or employer	By signing the filled-out form, you:											
identifi	in (rink), acoption exception demonstration number (Rink), or employer (cation number (EIN), to report on an information return the amount paid to righter amount reportable on an information return, Examples of Information	 Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 											
returns	s include, but are not limited to, the following:	Certify that you are not subject to backup withholding, or											
• Form	1099-INT (interest earned or paid)	3. Claim exemption from backup withholding if you are a U.S. exempt payee. If											
	1099-DIV (dividends, including those from stocks or mutual funds)	applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the											
	1099-MISC (various types of income, prizes, awards, or gross proceeds)	withholding tax on foreign	partners'	share	of effe	ctively	conne	cte	d inc	om	e, and		
broker	1 1099-8 (stock or mutual fund sales and certain other transactions by s) 1 1099-8 (presents from earl colors transactions)	 Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on case 2 for further information. 											

Form 1099-K (merchant card and third party network transactions)