Kentucky Rural Health Association

Kentucky's 11th Viral Hepatitis Conference Looking forward: Integrate-Accelerate- Eliminate



Sponsorship Packet Lexington, KY July 25, 2024

Kentucky's 11th Annual Viral Hepatitis Conference

CHAMPION Sponsorship July 25, 2024

You don't want to miss this! Kentucky's 11th Annual Hepatitis Conference in Lexington, KY on July 25, 2024. Exhibit area will open for vendor set up on July 24th from 5:00 pm to 6:00 pm and July 25th 6am to 7:00 am. The Exhibit Area will be open on July 25th for attendees from 7:00 am to 5:00 pm.

Company Name			
Company Address			
Contact Person			
Email			
Telephone #(s)			
Sponsorship Level: Champion	Underwriter	Exhibit Space Only	

Champion Sponsorship:

- \$10,000
- Includes six free registrations
- Two exhibit tables in most visible location in exhibit room
- Recognition as Champion Sponsor in meeting materials
- Recognition as sponsor during opening and closing session
- Recognition in the KHAMP and US-HAMP Summer and Fall 2024 Newsletter
- Bag Insert- product/ company Information
- Free One Year Membership to Kentucky Rural Health Association
 Sponsor and Exhibit Form MUST be submitted by printing deadline of June 10, 2024

Make checks payable to: Kentucky Rural Health Assoc. Inc. 36 South Alvasia Street Henderson, KY 42420

**We are able to accept credit card payments and registration online at www.kyrha.org. To register the free registrations or any questions, please reach out to kentuckyruralhealthassociation@gmail.com



Kentucky's 11th Annual Viral Hepatitis Conference How Far Have WE Come and Where Do WE Go From Here?

Underwriter Sponsorship July 25, 2024

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Company Name		
Company Address		
Contact Person		
Email		
Telephone #(s)		
Sponsorship Level: Champion	Underwriter	Exhibit Space Only

Underwriter Sponsorship:

- \$5,000
- Includes two free registrations
- Exhibit table
- Recognition as sponsor in meeting materials
- Recognition as sponsor during opening and closing session
- Recognition in the KHAMP and US-HAMP Fall 2024 Newsletter
- Bag Insert- product/ company Information

Sponsor and Exhibit Form MUST be submitted by printing deadline of June 10, 2024

Make checks payable to: Kentucky Rural Health Assoc. Inc

36 South Alvasia Street Henderson, KY 42420

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Kentucky's 11th Annual Viral Hepatitis Conference How Far Have WE Come and Where Do WE Go From Here?

Exhibit Sponsorship July 25, 2024

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Company Name			
Company Address			
Contact Person			
Email			
Telephone #(s)			
Sponsorship Level: Champion	Underwriter	Exhibit Space Only	

Exhibt Space Sponsorship:

- \$2,000
- Includes two free registrations
- Exhibit table
- Recognition as sponsor in meeting materials

Sponsor and Exhibit Form MUST be submitted by printing deadline of June 10, 2024

Make checks payable to: Kentucky Rural Health Assoc. Inc. 36 South Alvasia Street Henderson, KY 42420

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Form (Rev. October 2018)
Department of the Treasury
Internal Revenue 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; d	o not leave this line blank.		
	Kentucky Rural Health Assoc. Inc			_
	2 Business name/disregarded entity name, if different from above			
e. nson ge3.	3 Check appropriate box for federal tax classification of the person whose nar following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation		eck only one of the	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)
충흥	Limited liability company. Enter the tax classification (C=C corporation, S	=S corporation, P=Partner	ship) ▶	
Print or type. c Instructions on	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.			Exemption from FATCA reporting code (if any)
	☐ Other (see instructions) ▶			(Applies to accounts maintained outside the U.S.)
တ	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name a	nd address (optional)
Ф	36 South Alvasia Street			
İ	6 City, state, and ZIP code			
	Henderson KY 424240			
	7 List account number(s) here (optional)			
I				
Par	Taxpayer Identification Number (TIN)			
reside entities TIN, la Note:	o withholding. For individuals, this is generally your social security nur trailien, sole proprietor, or disregarded entity, see the instructions for s, it is your employer identification number (EIN). If you do not have a ster. If the account is in more than one name, see the instructions for line 1 or To Give the Requester for guidelines on whose number to enter.	Part I, later. For other number, see <i>How to ge</i>	ta or	- -
	Octable called			
l ll	Certification			
	penalties of perjury, I certify that:			
2. I am Sen	number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from ba rice (IRS) that I am subject to backup withholding as a result of a failu onger subject to backup withholding; and	ckup withholding, or (b)	I have not been no	otified by the Internal Revenue
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 exem	ot from FATCA reportin	g is correct.	
you ha acquis	cation instructions. You must cross out item 2 above if you have been now failed to report all interest and dividends on your tax return. For real estion or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification, but	tate transactions, item 2 ons to an individual retir	does not apply. Fo ement arrangement	r mortgage interest paid, (IRA), and generally, payments
Sign Here	Signature of U.S. person Dera Mologne		1/7/20	024
Ger	neral Instructions		vidends, including	those from stocks or mutual
Section	n references are to the Internal Revenue Code unless otherwise	funds)		

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-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.