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LETTER OF REQUEST:

The Alabama Medical Directors Association (ALMDA) is a professional association of physicians and other professionals practicing in the long-term care continuum, dedicated to excellence in patient care by providing education, advocacy, information and professional development.

The Alabama Medical Directors Association is requesting your support by exhibiting your products/services at our Annual Meeting. Your support allows us to continue with these educational offerings to our members and attendees. I hope this will encourage you to participate in the various sponsorships our conference needs.

Annual Conference – July 23-26, 2020

Linkside Conference Center, Sandestin Golf and Beach Resort, 9300 Emerald Coast Pkwy W, Miramar Beach, FL 32550.

ALMDA has a block of rooms reserved at Sandestin Golf and Beach Resort. Room rates begin at \$189. Room cutoff is June 19. The discounted rate is available for three days before and three days after our meeting dates based on availability. (ALMDA events will take place at the Linkside Conference Center.)

Reserve a room by calling (800) 320-8115 with group code 23V9LG or reserve online at <http://www.sandestin.com/23V9LG.aspx>.

Company representatives will have access to attendees during a Thursday evening Welcome Reception, Friday and Saturday morning breakfast, and Friday and Saturday morning breaks. Set up times will be sent to registered vendors two weeks in advance of the meeting.

The \$1,800 exhibit fee includes a display table, two chairs and a wastebasket. Company representatives are also encouraged to attend all meals and receptions.

Expand your brand outside the exhibit hall by sponsoring an event or item with your company logo! All sponsors receive priority booth placement. Sponsorships are available on a first come first serve basis. See the Exhibitor Registration form for details.

ALMDA staff is expecting at least 100 attendees at this event. The event will be offered to members as educational programs. All display and marketing opportunities for our corporate friends are separate from the educational portion of the meetings and support a distinct portion of the event that does not include the educational program. If you have questions, please let me know. We greatly appreciate your continued support of the members of ALMDA.

Make checks payable to ALMDA. Mail registration form and payment to:

ALMDA
19 S. Jackson Street
Montgomery, AL 36104

Sincerely,

Meghan Martin
Director of Membership and Specialty Society Services

Alabama Medical Directors Association 2020 Exhibitor Opportunities

Annual Meeting
Thursday, July 23 - Sunday, July 26, 2020
Linkside Conference Center
Sandestin Golf and Beach Resort
Destin, Fla.




THE ALABAMA
MEDICAL DIRECTORS
ASSOCIATION

ALMDA
19 S. Jackson Street
Montgomery, Ala. 36104
(334) 954-2500 | Fax (334) 269-5200
www.almda.org

About ALMDA...

The Alabama Medical Directors Association (ALMDA) is a professional association of physicians and other professionals practicing in the long-term care continuum, dedicated to excellence in patient care by providing education, advocacy, information and professional development. For more than 20 years, ALMDA has worked to achieve this mission through the support of its membership and the educational programs it offers to healthcare professionals statewide. ALMDA is requesting your

support by exhibiting your products/services at this meeting.

The Association leadership is extremely grateful for your consideration to support our conference. Your support allows us to continue with these educational offerings to our members and attendees. I hope this will encourage you to participate in the various sponsorships our conference needs. Without your continued support we would not be able to continue with this imperative endeavor. 

Exhibitor Guidelines...

Conference Dates and Locations

Annual Conference – July 23-26, 2019

Linkside Conference Center
Sandestin Golf and Beach Resort
9300 Emerald Coast Pkwy W
Miramar Beach, FL 32550

Room rates begin at \$189. The discounted rate is available for three days before and three days after our meeting dates based on availability. **Room reservation cutoff is June 19.** Call (800) 320-8115 with group code 23V9LG. Reserve online at <http://www.sandestin.com/23V9LG.aspx>.

Exhibit Setup

Exhibit space includes one six-foot display table, two chairs and trash can. Pipe and drape is not available. Exhibitors may use stand-alone or table-top exhibits. **Please indicate on the reservation form if you need access to electrical or Internet service.** Set up times will be e-mailed to registered vendors two weeks before the meeting.

Special Requests

If you have a special request for booth placement in the Exhibit Hall to accommodate pop-up displays or other media, please let us know. If you have questions regarding the Exhibit Hall, please contact **Mallory Camerio** at (334) 954-2580 or by e-mail at mcamerio@alamedical.org.

Company Recognition

In order to ensure your company's recognition in printed meeting materials, your registration form and payment must be received no later than June 23, 2020.

Exhibit Staff and Event Attendance

Exhibit registration includes attendance for up to **two representatives**, display time, meals and receptions. Please update ALMDA staff as soon as possible if there is a change in your representative. Up to two additional representatives are welcome for an additional fee of \$250 per representative.

Booth Sharing

No subletting or sharing exhibit space by more than one company or organization will be permitted. Two companies who desire to exhibit together must pay for two booths. Upon request, ALMDA staff will make every effort to place companies next to each other in the exhibit hall.

Concurrent Events

No exhibitor may hold any event at the same time as any ALMDA-sponsored event. However, there are no restrictions on exhibitors that would like to provide dinners and events – on-site or off-site – during “free” times.

Shipping Booth and Exhibit Materials


Exhibitors should make arrangements with the host hotel for receiving and shipping of exhibit materials. Prior to the meeting, ALMDA staff will send shipping and dryage information to all confirmed exhibitors. ALMDA will not be responsible for anything left in the Exhibit Hall at the end of the conference. ALMDA is not responsible for any shipping or storage charges.

At the end of the event, please make sure you have made arrangements for your booth materials before you leave the venue. ALMDA will not be responsible for anything left in the Exhibit Hall at the end of the day.

Cancellation Policy

The deadline to cancel exhibit space is **30 days prior** to the date of the event. Cancellations must be in writing by mail or e-mail and will not be accepted by telephone. If a company fails to cancel by the 30-day cut-off, it will be listed as a “No show” and the company will not receive a refund.

Suitcasing Policy

Suitcasing is the action of soliciting business during the ALMDA conference, including another company's booth, the conference facility lobby, or general meeting and event areas. Please note that while all meeting attendees are invited to the Exhibit Hall, any person(s) who **HAVE NOT** paid for an Exhibit Booth at the conference that is observed to be soliciting business in the aisles or other public spaces, in another company's booth, or is in violation of any portion of the Exhibit Policy, will be asked to leave immediately. Additional penalties may be applied. 

2020 ALMDA Exhibitor Registration Form (page 1)

COMPANY INFORMATION *PLEASE PRINT CLEARLY*

Exhibiting Company Name to appear on promotions: _____

Company Contact: _____ E-mail: _____

Primary Phone: Office Cell _____ Business Type: _____

Company Address: _____

City/State/Zip: _____

EXHIBITOR OPPORTUNITIES

Registration deadline for the Annual Conference (July 23-26, 2020) is June 23, 2020 \$1,800

First Attending Rep's Name: _____ E-mail: _____

Second Attending Rep's Name: _____ E-mail: _____

Additional representatives are welcome for \$250 each.

Third Attending Rep's Name _____ E-mail _____ \$250

Fourth Attending Rep's Name _____ E-mail _____ \$250

SPONSORSHIP OPPORTUNITIES

Expand your brand outside the exhibit hall by sponsoring an event or item with your company logo!

All sponsors receive priority booth placement. Sponsorships are available on a first come first serve basis.

Annual Meeting Break \$250 Breakfast \$500 Friday Lunch \$750 Thursday Reception \$1,000

Hotel Room Key Cards with company logo \$1,000 ~~Program Jump Drives with company logo \$1,000~~ **SOLD**

Lighted Company Logo GoBo Projection During Reception \$1,000

Conference Attendee Bags with company logo \$2,000

Hotel Room Drop (Company promotional items placed in attendee rooms) Friday or Saturday \$2,000

Grand Total Due (Exhibit Fee and Sponsorships) \$ _____

See payment information on next page.

Exhibit space allows for a 6-foot table and two chairs. Contact us if you need additional space.

Check all boxes that apply: Electricity Internet Donate a door prize

List competitors not to be located near. _____

ACCOMMODATIONS

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Call (800) 320-8115 with group code 23V9LG. Reserve online at <http://www.sandestin.com/23V9LG.aspx>.

2020 ALMDA Exhibitor Registration Form (page 2)

Company Name _____

METHOD OF PAYMENT

VISA MasterCard American Express Check made payable to ALMDA

Name on Card: _____ E-mail address for receipt: _____

Billing Address: _____

City, State, ZIP: _____

Card Number: _____ Exp. Date: _____

Security Code: _____ Signature: _____ Amount: \$ _____

Your signature acknowledges your understanding that exhibitors assume all responsibilities and agree to protect against all claims, losses and damages to persons or property; and guarantees payment in full as indicated on this form. ALMDA and the Medical Association of the State of Alabama shall not be held responsible for any claims, losses and/or damages to persons or property. ALMDA reserves the right to reject a company or agency as an exhibitor without explanation.

Signature: _____ Date: _____

INSTRUCTIONS

Return signed form (**both pages**) with your payment to Mallory Camerio, P.O. Box 1900, Montgomery, AL 36102. Or, to pre-reserve your booth (recommended), fax this form to (334) 269-5200 or e-mail it to mcamerio@alamedical.org and note that payment will follow under a separate cover.

ALMDA Tax ID#: 63-1132493

For office use only.

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.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Alabama Medical Director's Association	
	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶ _____	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions. 19 S. Jackson Street	Requester's name and address (optional)
	6 City, state, and ZIP code Montgomery, AL 36104	
	7 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 <i>How to get a TIN</i> , later. Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 30px; height: 20px; text-align: center;">6</td> <td style="width: 30px; height: 20px; text-align: center;">3</td> <td style="width: 30px; height: 20px; text-align: center;">-</td> <td style="width: 30px; height: 20px; text-align: center;">1</td> <td style="width: 30px; height: 20px; text-align: center;">1</td> <td style="width: 30px; height: 20px; text-align: center;">3</td> <td style="width: 30px; height: 20px; text-align: center;">2</td> <td style="width: 30px; height: 20px; text-align: center;">4</td> <td style="width: 30px; height: 20px; text-align: center;">9</td> <td style="width: 30px; height: 20px; text-align: center;">3</td> </tr> </table>	Social security number																				or										Employer identification number										6	3	-	1	1	3	2	4	9	3
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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.	
Sign Here	Signature of U.S. person ▶ Date ▶ <u>1/21/2020</u>

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-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.