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FOUNDATION

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Dear Pharmaceutical Professional,

The Memorial Hospital Foundation would like to cordially invite you to participate in our 2027 Oncology Product Fairs in Memorial Hospital's Medical Office Building Atrium (4500 13th Street, Gulfport, MS). The fairs will be held on the below dates from 4:00pm-6:00pm with setup beginning at 3:00pm.

- Tuesday, February 23rd
- Wednesday, June 9th
- Tuesday, September 21st

Corporate participants will find the opportunity to exhibit, educate, and interact with healthcare professionals from various oncology disciplines including Medical Oncology, Radiation Oncology, Practice Based Nursing, Pharmacy and Business Administration. Expected attendance is approximately 40 healthcare professionals.

Your exhibit fee of $1,500 per fair will include a table for display of your clinical information, literature and handouts for the healthcare professionals. We are limiting the number of tables to 40 to include no more than three representatives at each table.

Exhibit fees may be paid online by going to https://memorialhospitalfoundation.com/oncologyproductfairs/ or by completing the attached exhibitor form.

Thank you for your support of the Memorial Hospital Foundation.

Sincerely,

Aimee Robertson

Aimee Robertson
President
Memorial Hospital Foundation

Memorial Hospital Foundation is an independent 501(c)(3) non-profit organization with its own Board of Directors, by-laws and Articles of Incorporation. We raise support for and manage 26 funds that provide financial assistance. Tax ID: 20-4535203

Memorial FOUNDATION

2027 Oncology Product Fairs

COMPANY NAME:_____

CONTACT NAME:_____

REPRESENTATIVE NAME:_____ EMAIL:_____

REPRESENTATIVE NAME:_____ EMAIL:_____

REPRESENTATIVE NAME:_____ EMAIL:_____

ADDRESS:_____

CITY:_____ STATE:_____ZIP:_____

PHONE:_____ EMAIL:_____

PAYMENT

☐ FEBRUARY 23rd ($1,500) ☐ JUNE 9th ($1,500) ☐ SEPTEMBER 21st ($1,500)

☐ CHECK ENCLOSED (please make checks payable to Memorial Hospital Foundation)

☐ PLEASE CHARGE MY CREDIT CARD

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

CARD #: _____

EXPIRATION: _____

CVV: _____

Please complete this form and email to foundation@mhg.com to reserve your table.

Registration and payment may also be made on our website or by calling 228-865-3419.

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.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *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.

1 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.)

Memorial Hospital at Gulfport Foundation, Inc

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

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: 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.

☑ Other (see instructions) Corporation with 501(c)(3) Tax Exempt

4 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)

(Applies to accounts maintained outside the United States.)

3b 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 . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.
PO Box 940

6 City, state, and ZIP code
Gulfport, MS 39502-0940

Requester's name and address (optional)

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 *How to get a TIN*, later.

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.

Social security number

			-			-				

or

Employer identification number

2	0	-	4	5	3	5	2	0	3

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** Katherine Hill | **Date** 5/13/2026

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*.

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