

November 24, 2020,

To whom it may concern:

The Nebraska Oncology Society (NOS) would like to request your participation at the 11th Annual Midwest Regional San Antonio Breast Cancer Symposium Virtual Review being held from 7:30am to 1:00pm on Saturday, January 31, 2021. The Nebraska Oncology Society's mission is to facilitate and promote interaction among the oncology community and to enhance patient care through oncology research, education, and health care legislation. This event will draw oncologists and oncology team members from across Nebraska and surrounding states. Due to the ongoing pandemic, the event will take place on a [virtual platform](#). We anticipate at least 75 participants.

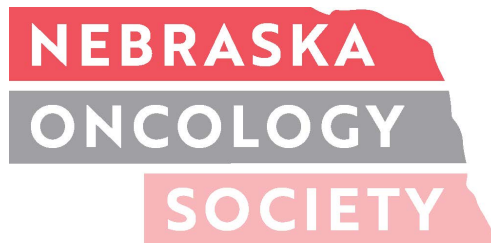
If you choose to participate, the NOS will provide exhibitor space on our [virtual event's home page](#) and a virtual exhibit booth where any informational materials, handouts, slides, and/or industry videos can be shared electronically with all registered attendees. Our virtual platform also gives exhibitors the opportunity to communicate directly with event attendees using a live chat function specific to each virtual booth. The NOS will also send an email to registered participants on behalf of your company with any materials or attachments you would like to submit. Exhibitors will also be listed on the [event website](#). Finally, we have up to ten (10) five-minute sponsor segments available between speakers available on a first come first serve basis.

With your participation, the NOS can focus on carrying out its mission and help enhance patient care. We are hopeful you will recognize the benefits of participating in our event and thank you for your consideration. I look forward to hearing from you. Enclosed you will find the "Display Response Form" you can use to register, as well as screen shots of the virtual exhibit hall to provide you with an example, an event agenda, and our society's W-9.

Sincerely,



Carmen Chinchilla-Gutierrez
Executive Director, Nebraska ACC
carmencg@nebmed.org
402-474-4472



San Antonio Breast Cancer Symposium Virtual Review

Saturday, January 30, 2021 • 7:30am-1:00pm

VIRTUAL DISPLAY RESPONSE FORM

The virtual conference is an innovative, cost-efficient, and safe way to promote your products and services to oncology professionals. The virtual exhibit platform allows attendees a dynamic and convenient way to network with exhibitors, engage in live dialogue, and create partnerships. Work at your exhibit booth and meet attendees live, all without leaving the comfort of your home or office. Experience a conference-like atmosphere without the expense and time commitment of traveling.

How it works:

- After reserving virtual exhibit space, you will receive access to your online company profile and will work with the NOS Executive Director to complete all items.
- You can post videos and documents for attendees to review and download.
- Chat with visitors in real time!
- Use your own video conferencing link to speak with our attendees live!
- Visitor tracking provides important post-event data.

Booth Tiers

Due to the virtual nature of the event and limited number of live event sponsor segments (ten total), the Nebraska Oncology Society is offering four levels of participation.

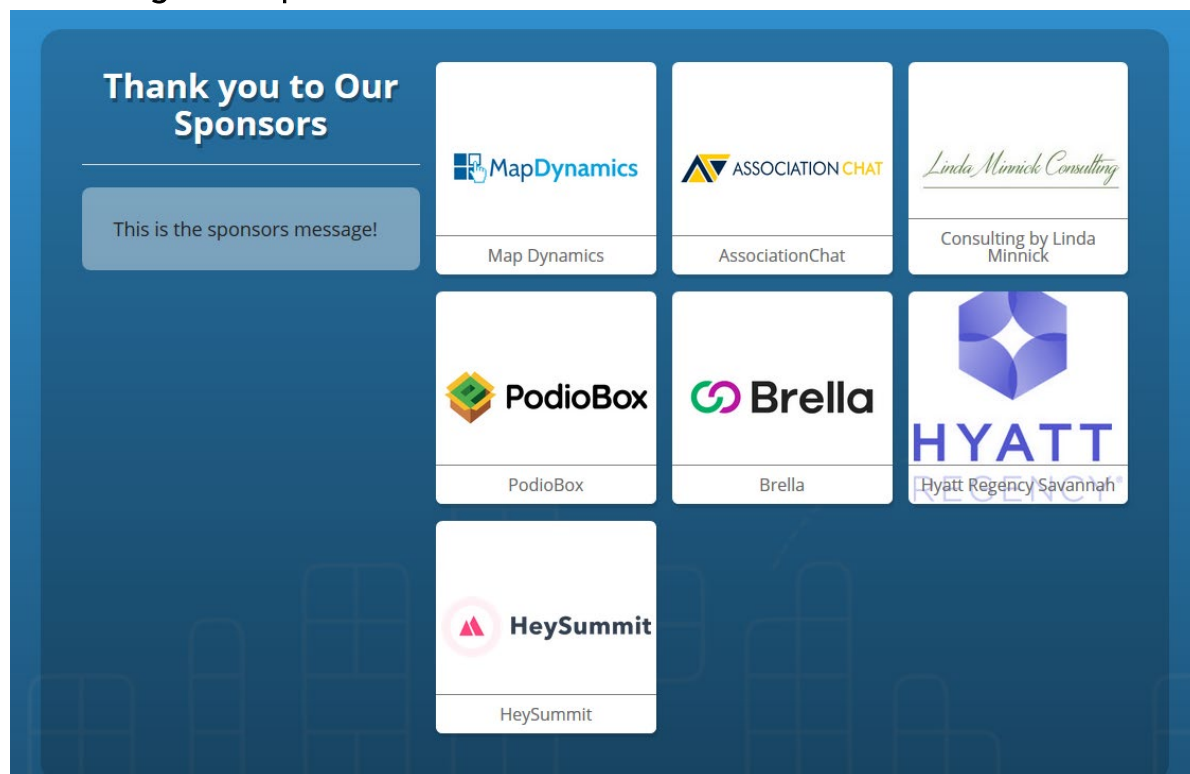
- **Platinum (FREE):** Platinum corporate members are eligible to participate in the virtual booth and in a live sponsor segment.
- **Gold (\$750):** Gold corporate members are eligible to participate in the virtual booth and live sponsor segment.
- **Non-Members (\$2,800):** Non-member companies are eligible to participate in the virtual booth and live sponsor segment.
- **Booth-Only (\$1,500):** The booth-only option is available for non-member companies that would like to host a virtual booth, but will not participate in a live event sponsor segment.

Exhibitor Policy/Guidelines

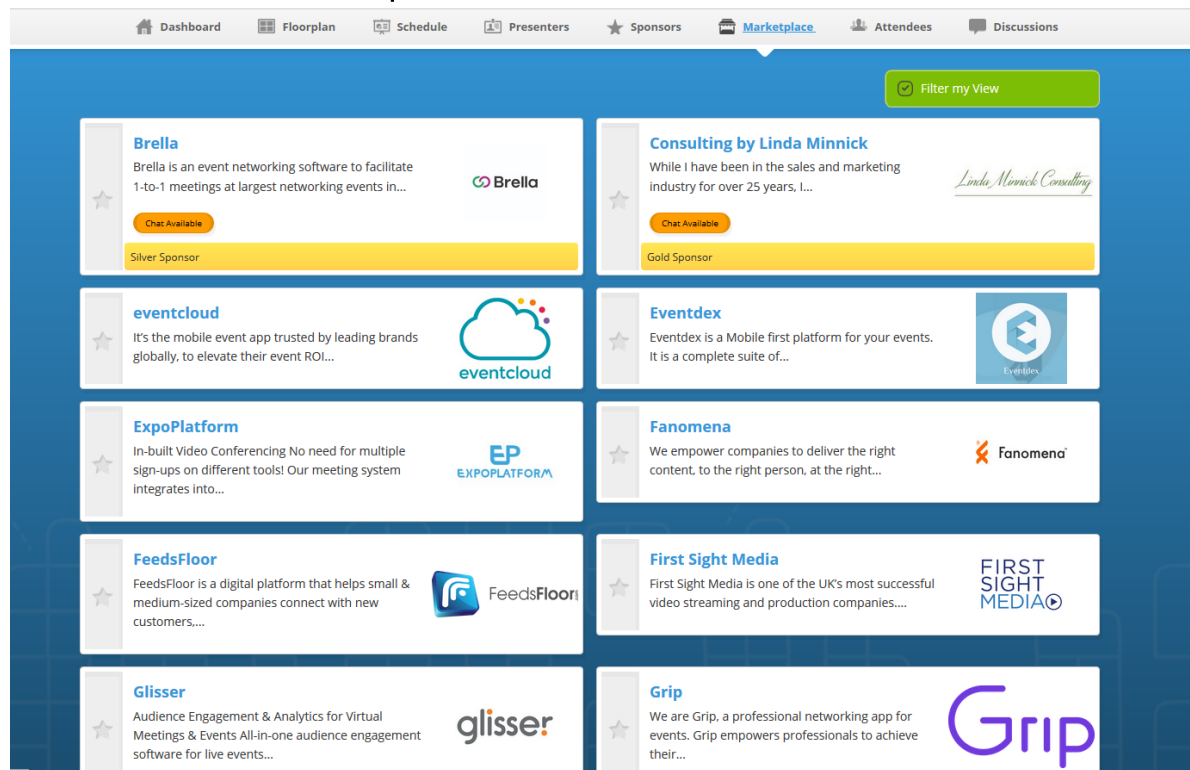
As an exhibitor, your company will have no influence on the selection of speakers, topics, or other components of the event/CME activity. This exhibit is held in conjunction with an accredited CME activity. All ACCME requirements will be strictly observed and enforced by the CME provider.

Virtual Platform Examples:

Home Page Example:



Virtual Exhibit Hall Example:




Exhibitor Profile Examples:

Home Schedule Presenters Marketplace Attendees Discussions

Test Pharmaceuticals

Main Profile In The Booth (1) Products & Services (1) Videos (1) Contact Us

This is a test!



Test Pharmaceuticals


Main Profile **In The Booth (1)** Products & Services (1) Videos (1) Contact Us

Test Staff
Senior test staff, Test
Test, Test

test@testcompany.com
(123) 456-7890

Hi there!

My name is Test Staff. After 3 years with Test Company, I am happy to help answer any questions about our great products!




Test Pharmaceuticals

Main Profile In The Booth (1) **Products & Services (1)** Videos (1) Contact Us

Test Product1
This product is great!


[Click here to learn more](#)



Test Pharmaceuticals

Main Profile In The Booth (1) Products & Services (1) **Videos (1)** Contact Us

Test product 1
watch this great overview of our product!





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Virtual Review

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VIRTUAL DISPLAY RESPONSE FORM

Corporation Name:

Level of 2021 Membership & Booth Cost:

Platinum (FREE) Gold (\$750) Non-member (\$2,800) Booth-only (\$1,500)

My company would like to reserve virtual exhibit space: Yes No

Contact name at corporate office (*if applicable*)

Address:

City: State: ZIP:

Phone: Fax:

Email: Website:

Key Contact

Representative Name:

Address:

City: State: ZIP:

Phone: Email:

Signature of Applicant: Date:



San Antonio Breast Cancer Symposium

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VIRTUAL DISPLAY RESPONSE FORM

Email completed documents to Carmen Chinchilla at carmencg@nebmed.org
OR

Return completed application and dues to:

Nebraska Oncology Society

c/o Nebraska Medical Association

1045 Lincoln Mall, Suite 200

Lincoln, NE 68508

Please email a JPEG or PNG image of your company logo to Carmen Chinchilla.

Please call us at (402) 474-4472 or email Carmen Chinchilla with any questions.

Nebraska Oncology Society Tax ID#: 47-0772122

Additional Company representatives may be listed below:

1. Corporate Representative Name:

Email Address:

Phone:

2. Corporate Representative Name:

Email Address:

Phone:

3. Corporate Representative Name:

Email Address:

Phone:

11TH ANNUAL MIDWEST REGIONAL
SAN ANTONIO BREAST CANCER SYMPOSIUM
VIRTUAL REVIEW

Saturday, January 30, 2021 • 7:30am-1:00pm

AGENDA

Start Time Sessions

7:30am	<i>Welcome</i>
7:40am	<i>Survivorship: Fertility Preservation in Women with Breast Cancer</i>
8:30am	<i>Sponsor Segment 1</i>
8:35am	<i>Sponsor Segment 2</i>
8:40am	<i>Break & Virtual Exhibits</i>
8:45am	<i>Updates in Adjuvant and Neoadjuvant Therapy</i>
9:35am	<i>Sponsor Segment 3</i>
9:40am	<i>Sponsor Segment 4</i>
9:45am	<i>Novel Therapeutics in Advanced Breast Cancer</i>
10:35am	<i>Sponsor Segment 5</i>
10:40am	<i>Sponsor Segment 6</i>
10:45am	<i>Break & Virtual Exhibits</i>
10:50am	<i>Updates in Management of the Axilla</i>
11:40am	<i>Sponsor Segment 7</i>
11:45am	<i>Sponsor Segment 8</i>
11:50am	<i>Genomic and Molecular Profiling in Breast Cancer</i>
12:40pm	<i>Sponsor Segment 9</i>
12:45pm	<i>Sponsor Segment 10</i>
12:50pm	<i>Final Remarks</i>

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. Nebraska Oncology Society	
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 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 checked="" type="checkbox"/> Other (see instructions) ▶ 501 (c) (6)	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. 1045 Lincoln Mall, Suite 200	Requester's name and address (optional)
6 City, state, and ZIP code Lincoln, NE 68508	
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									
4	7	-	0	7	7	2	1	2	2

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 ▶ January 20, 2020
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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.