NEBRASKA ONCOLOGY SOCIETY

Nebraska Oncology Society

2021 Corporate Membership Benefits



November 12, 2020

To whom it may concern:

The Nebraska Oncology Society (NOS) would like to invite [insert name] to join its corporate membership program. There are many benefits you will receive from joining as a corporate member. The Nebraska Oncology Society's mission is to facilitate and promote interaction among the oncology community to enhance patient care through oncology research, education, and health care legislation. [Insert name], along with over a dozen other corporate members, will help support our mission. NOS is proud to be a key organization that oncology health professionals rely on for education and support in the rapidly changing climate in oncology care, particularly during the ongoing COVID-19 pandemic.

In light of the challenges 2020 brought, the NOS will be offering a 25% reduction for its corporate

- membership program. There are two different levels of corporate membership for 2021:

 A Gold membership, originally valued at \$10,000, will now be valued at \$7,500 per 12-month cycle, starting January 2021 and ending on December 31, 2021.
- A Platinum membership, originally valued at \$12,000, will now be valued at \$9,000 per 12-month cycle, starting January 2021 and ending on December 31. 2021.

Please review the "Levels of Corporate Membership" page for additional details about the benefits your company is entitled to with each tier. If you choose to attend individual meetings, a \$2,800 display fee is available, a 25% reduction from its 2020 value of \$3,750.

With your participation, NOS can focus on carrying out the mission to facilitate and promote interaction among the oncology community to enhance patient care through oncology research, education, and health care legislation. We are hopeful you will recognize the benefits of becoming a member of the Nebraska Oncology Society. Thank you for your consideration and I look forward to hearing from you.

Sincerely,

Carmen Chinchilla

Executive Director

Nebraska Oncology Society

Vinchilla



Levels of Corporate Membership

Your Corporate Membership allows you to:

- Help the Nebraska Oncology Society (NOS) achieve its goals and objectives.
- Be part of a key organization that local oncology professionals rely on for education and information regarding oncology practice issues.

Platinum- \$9,000

- 1. Recognition as a Platinum Member on the NOS website.
- Distribution of your organization's FDA approvals will be emailed to the membership as timely as possible. These will also be included under the "New Therapies" page on the NOS website.
- 3. Link to your organization's main website, a link to your patient assistance program, and your local representatives' contact information on the NOS website.
- 4. Participation in virtual San Antonio Breast Cancer Symposium Review and ASCO Review at no additional cost. Participation includes a virtual booth, sharing of electronic materials (handouts, slide decks, etc.), live chat function, identification as an event sponsor, and five minutes to speak and present to our audience between educational sessions.
- 5. Acknowledged as a Platinum sponsor of the membership care package.
- 6. Opportunity to have a virtual booth, if desired, at non-CME monthly events, up to three times per year at no additional charge.
- 7. Meeting with board of directors once a year and announcements of new drug approvals and indications at monthly meetings.

Gold- \$7,500

- 1. Recognition as a Gold member on the NOS website.
- 2. Distribution of your organization's FDA approvals will be emailed to the membership as timely as possible. These will also be included under the "New Therapies" page on the NOS website.
- 3. Link to your organization's main website, a link to your patient assistance program, and your local representatives' contact information on the NOS website.
- 4. Participation in virtual San Antonio Breast Cancer Symposium Review and ASCO Review at a cost of \$750. Participation includes a virtual booth, sharing of electronic materials (handouts, slide decks, etc.), live chat function, identification as an event sponsor, and five minutes to speak and present to our audience between educational sessions.
- 5. Acknowledged as a Gold sponsor of the membership care package.
- 6. Opportunity to have a virtual booth, if desired, at non-CME monthly events, up to two times per year at no additional charge.
- 7. Meeting with board of directors once a year and announcements of new drug approvals and indications at monthly meetings.

Notes:

- a) Corporate membership does not guarantee your organization will be able to participate in any of the NOS events. It is your organization's responsibility to contact the exhibit coordinator in a timely manner.
- b) Corporate membership status for a company does not provide a guarantee or condition of purchase to use the company's products.
- The corporate membership benefits outlined are based on the current state of the pandemic. Suitable changes will be made once inperson meetings can be conducted safely, including 6-foot table exhibits and attendance by industry representatives.



2021 Application for Corporate Membership

Corporation Name:		
Level of 2021 Membership:		
Gold (\$7,500)	Platinum (\$9,000)	
Contact name at corporate office (if app	plicable)	
Address:		
City:	State:	ZIP:
Phone:	Fax:	
Email:	Website:	
Patient Assistance Program Website:		
Patient Assistance & Reimbursement Su	upport Phone:	
Key Contact		
Representative Name:		
Address:		
City:	State:	ZIP:
Phone:	Email:	
Signature of Applicant:		Date:



2021 Application for Corporate Membership (continued)

Please email a JPEG or PNG image of your company logo to: carmencg@nebmed.org.

Questions? Please call us at (402) 474-4472 or email at carmencg@nebmed.org.

Nebraska Oncology Society Tax ID#: 47-0772122

Please return completed application and dues to: **Nebraska Oncology Society** c/o Nebraska Medical Association 1045 Lincoln Mall, Suite 200 Lincoln, NE 68508

Or email scanned documents to Carmen Chinchilla at carmencg@nebmed.org.

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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:

(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, do not leave this line brank.								
	Nebraska Oncology Society							
	2 Business name/disregarded entity name, if different from above							
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Of following seven boxes. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership shote: Check the appropriate box in the line above for the tax classification of the single-member of LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the 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. ☑ Other (see instructions) ▶ 501 (c) (6)	□ Tru ership) ► _ ewner. Do owner of t egle-memb ner.	not check	Exemple Exempl	n eintitle ctions or pt payee ption fro (if any)	code (fr.	dividúali (): any) A repor	s; šee
8	1045 Lincoln Mall, Suite 200							
0,	6 City, state, and ZIP code	1						
	Lincoln, NE 68508							
	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)							
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a		Social se	curtty n	curity number			
	up withholding. For individuals, this is generally your social security number (SSN). However, ant alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	for a		\sqcap $[$] _ [TT	
	es, it is your employer identification number (EIN). If you do not have a number, see <i>How to a</i>	et a				-		
TIN, E			or	_ `		. –		
Note:	: If the account is in more than one name, see the instructions for line 1. Also see What Name	and	Employe	dentif	Identification number			
Numb	Number To Give the Requester for guidelines on whose number to enter.						TT	
			4 7	- 0	7 7	2 1	2	2
Par	t II Certification							
Unde	r penalties of perjury, I certify that:							
	e number shown on this form is my correct taxpayer identification number (or I am waiting for							
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								
Se	rvice (Iris) that I am subject to backup withholding as a result of a failure to report all interest	or divide	nas, or (c)) the IH	ତ has n	otified	me tha	atiam

- no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 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

	interest and divid	ends, you are not required to sign t	he certification, but you must provide your correct TIN. See the instructions for Part II, la	iter.
Sign Here	Signature of U.S. person ▶	Can Chinilla	Date ▶ January 20, 2020	

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.