

## Ochsner LSU Health—Feist-Weiller Cancer Center August Vendor Fair

Thursday, August 28 | 5:30-7:30pm  
Center for Medical Education, LSU Health Shreveport  
1501 Kings Hwy, Shreveport, LA 71103

We are pleased to invite you to participate in our inaugural August Vendor Fair at Ochsner LSU Health—Feist-Weiller Cancer Center (FWCC). FWCC is north Louisiana's **ONLY** academic cancer center and hosts one of the largest fellowship programs in the southeastern United States with 18 fellows in the Hematology & Oncology Fellowship program. This event will give vendors an opportunity to connect with and provide information to an expansive team of hematologists, oncologists, radiation oncologists, gynecologic oncologists, mid-level providers, and nursing staff from FWCC.

### WHAT TO EXPECT:

- **Time, Date, & Location:** Thursday, August 28 from 5:30-7:30pm, 1<sup>st</sup> floor multipurpose room, Center for Medical Education, LSU Health Shreveport (1501 Kings Hwy, Shreveport, LA 71103)
- **Cost:** Your \$2,500 exhibit fee includes (1) 6-foot table and (2) chairs for (2) representatives (You may request **ONE** additional representative pass for \$100 through July 31; after July 31, additional pass is \$200);
- **Attendees:** Approximately 30 FWCC physicians will attend this event. This number does not include mid-level providers, pharmacists, and nursing staff who will attend;
- **Vendors:** 40 vendors will be able to display on a first-come, first-served basis;
- **Exhibit Event Length:** 2 hours allocated for attendees to visit vendor exhibits;
- **Agenda & W-9:** included in this packet for your convenience.

### IN ORDER TO PARTICIPATE:

- **Vendor Registration & Payment Form:** Please complete the vendor registration & payment form in this packet and return to Margo Holland, Senior Director of Development at [mholland@lsuhsfoundation.org](mailto:mholland@lsuhsfoundation.org)
- **Payment:** Payments **must be made to reserve your spot**. All payments will be made to LSU Health Sciences Foundation in Shreveport.
- **Set Up & Break Down:** Vendors may set up at 5pm and must breakdown at 7:30pm

**FOR MORE INFORMATION:** Please contact Margo Holland, FWCC Senior Director of Development [mholland@lsuhsfoundation.org](mailto:mholland@lsuhsfoundation.org) | 318.861.0855



LSU Health Sciences Foundation

920 Pierremont Rd., Suite 506 Shreveport, LA 71106

O 318-861-0855 F 318-861-2855 www.lsuhsfoundation.org

**VENDOR REGISTRATION AND PAYMENT FORM**

To formally secure your commitment, please complete and return this form to Senior Director of Development, Margo Holland by email at [mholland@lsuhsfoundation.org](mailto:mholland@lsuhsfoundation.org).

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Company name as you wished to be recognized: \_\_\_\_\_

**COST REMINDER:** The exhibit fee is \$2,500 and includes (1) 6-foot table and (2) chairs for (2) representatives. You may request **ONE** additional representative pass for \$100 through July 31; after July 31, an additional pass is \$200.

**Will you require an additional pass?** Y      N

Please select your payment method below by checking one:

<input type="checkbox"/>	I will make my payment online at <a href="https://www.lsuhsfoundation.org/fwcc-exhibit">https://www.lsuhsfoundation.org/fwcc-exhibit</a>
<input type="checkbox"/>	My payment is enclosed.
<input type="checkbox"/>	Please invoice me for payment.
<input type="checkbox"/>	Please charge my card at the information below:

Credit Card # \_\_\_\_\_ CVV: \_\_\_\_\_

Exp date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please make checks payable to and mail to:

LSUHS Foundation  
Attn: Feist-Weiller Cancer Center  
920 Pierremont Road, Suite 506  
Shreveport, La 71106

LSU Health Sciences  
Foundation

920 Pierremont Rd., Suite 506  
Shreveport, LA 71106

O 318-861-0855  
F 318-861-2855  
[www.lsuhsfoundation.org](http://www.lsuhsfoundation.org)

**AGENDA**

**Ochsner LSU Health—Feist-Weiller Cancer Center  
August Vendor Fair**

**Center for Medical Education, LSU Health Shreveport  
Thursday, August 28 | 5:30-7:30pm**

- |             |                         |
|-------------|-------------------------|
| 5:00pm      | Vendor Set up           |
| 5:30-7:30pm | FWCC August Vendor Fair |
| 7:30pm      | Vendor Breakdown        |

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type.</b> <i>See Specific Instructions on page 3.</i>	<p><b>1</b> 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.)</p> <p><b>LSU HEALTH SCIENCES FOUNDATION IN SHREVEPORT</b></p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>	
	<p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor    <input type="checkbox"/> C corporation    <input type="checkbox"/> S corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .</p> <p><b>Note:</b> 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.</p> <p><input checked="" type="checkbox"/> Other (see instructions) <b>501(C)(3)</b></p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>3b</b> 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 . . . . . <input type="checkbox"/></p>	
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>920 PIERREMONT ROAD, STE 506</b></p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p> <p><b>SHREVEPORT, LA 71106</b></p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

### 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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
7	2	-	1	4	0	2	2	2	2

**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.

### 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.

<b>Sign Here</b>	<p>Signature of U.S. person <i>Bette H. Pae</i></p>	<p>Date <i>1-1-2025</i></p>
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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](http://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