



Dear Prospective Sponsor/Exhibitor:

LSCLS and ASCLS-MS are pleased to be hosting the 2023 American Society of Clinical Laboratory Science LSCLS/ASCLS-MS Joint Annual Meeting and Exhibits. ASCLS is the primary professional organization representing clinical laboratory scientists in Louisiana and Mississippi. This year's theme is "Medical Laboratory Professional Soaring to New Heights." The meeting will take place at the Monroe Convention Center and Conference Hall in Monroe, LA on March 30, 2023 to April 1, 2023. Our membership of laboratory professionals, including laboratory directors, laboratory managers, clinical laboratory educators and students, is well represented at our annual meeting; we anticipate approximately 400 attendees at this upcoming event.

We extend an invitation to you and your company to join us as an exhibitor and/or sponsor at what we anticipate to be another awesome joint meeting. Exhibitor setup begins on Friday, March 31, 2023 from 8:00 a.m. until 2:30 p.m. Vendor exhibits will open Friday, March 31, 2023 from 2:30 p.m. to 5:00 p.m. and Saturday, April 1, 2023 from 9:30 a.m. to 11:30 a.m. Dismantling may begin immediately after the official close of the exhibits on Saturday afternoon.

Booth prices are as follows:

Exhibitor/Vendor Booth (includes electricity)                      \$500 single and \$775 double

Please submit applications by March 1, 2023 in order to have your company's name published in the program. Exhibit fees must be received by March 20, 2023 to guarantee space. Assignment of booths will be based on receipt of application and exhibit fee. Please return you application as soon as possible so complete exhibit information can be sent to you.

Completed exhibit applications should be returned to the address listed below (email is great!). Checks should also be sent to the following address:

LSCLS/ASCLS-MS Joint Annual Meeting (LSCLS Tax ID# 72-6029548, W9 attached)  
1805 Pea Ridge Rd  
Dubach, LA 71235

If you have any questions, please contact: Gaye Brunson or Michele Werner (see 2<sup>nd</sup> page)

**MEDICAL LABORATORY  
PROFESSIONALS  
SOARING TO NEW HEIGHTS**



Company name: \_\_\_\_\_

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

Contact person: \_\_\_\_\_

Contact email: \_\_\_\_\_

Representative manning the booth (for name badge):

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Exhibitor/Vendor Booth** (includes electricity) \_\_\_\_\_ \$500 single or \_\_\_\_\_ \$775 double

*All Exhibitor registrations include 2 full meeting registrations with access to our educational sessions, the Friday night social at Bayou Pointe, and Saturday's Awards Luncheon*

**Sponsorship Options:**

\_\_\_\_\_ Titanium  $\geq$ \$5,000 (includes booth at Vendor Fair)

\_\_\_\_\_ Platinum \$1,000 - \$4,999 (\_\_\_\_ Manager's Luncheon \_\_\_\_ Student's Luncheon)

\_\_\_\_\_ Gold \$500 - \$999 (\_\_\_\_ Coffee break \_\_\_\_ Awards Luncheon)

\_\_\_\_\_ Silver \$250 - \$499

\_\_\_\_\_ Bronze \$100 - \$250

**Total Payment Due** \$ \_\_\_\_\_

**Make checks payable to and mail to:**

**LSCLS/ASCLS-MS Joint Annual Meeting Tax ID# 72-6029548** (W9 can be found at end of this document)

**1805 Pea Ridge Rd, Dubach, LA 71235**

*Or register on-line at (select Exhibitor or Vendor option):*

<https://web.cvent.com/event/a05c3075-e56a-43df-9181-0bc2bb95f076/summary>

Louisiana and Mississippi appreciate the support your company has extended to our laboratory organizations through the years. We sincerely hope you can join us in Monroe, LA for this outstanding meeting. Should you have any questions, please do not hesitate to contact us.

Gaye Brunson [gaye.brunson@reevesmemorial.com](mailto:gaye.brunson@reevesmemorial.com) 318.655.0726

Michele Werner [labgirl1967@gmail.com](mailto:labgirl1967@gmail.com) 318.497.1687

*Thank you in advance for your support in making this a terrific meeting! - Gaye & Michele*

**MEDICAL LABORATORY  
PROFESSIONALS  
SOARING TO NEW HEIGHTS**



**LSCLS & ASCLS - MS  
2023 BI-STATE MEETING**



**MARCH 30 - APRIL 1  
MONROE, LA**

Zoom in (Ctrl+Plus)

Form **W-9**  
(Rev. December 2014)  
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.**

**1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.**  
**American Society for Clinical Laboratory Science ASCLS\_Louisiana**

**2 Business name/disregarded entity name, if different from above**  
**Louisiana Society for Clinical Laboratory Science**

**3 Check appropriate box for federal tax classification; check only one of the following seven boxes:**  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Other (see instructions) ▶ **501C-6 Tax Exempt Organization**

**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) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

**5 Address (number, street, and apt. or suite no.)**  
**14051 Peairs Rd**

**6 City, state, and ZIP code**  
**Zachary, LA 70791**

**7 List account number(s) here (optional)**

**Requester's name and address (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
OR									
Employer identification number									
7	2	-	6	0	2	9	5	4	8

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- 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 other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**      Signature of U.S. person ▶ *Joetta B. Taylor*      Date ▶ *1/6/17*

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.