



Nebraska Academy of Eye Physicians and Surgeons

Corporate Membership Benefits



Nebraska Academy of Eye Physicians and Surgeons

[insert date]

To whom it may concern:

The Nebraska Academy of Eye Physicians and Surgeon (NAEPS) would like to invite [insert company name] to join its corporate membership program. There are many benefits you will receive from joining as a corporate member. NAEPS' goals are to provide educational activities through a coordinated approach that develops and enhances the knowledge, skills, and performance of physicians in order to positively impact healthcare outcomes. NAEPS is proud to represent over 80 individual physician-members and close to 70% of all Nebraska ophthalmologists. NAEPS is proud to be a key organization that ophthalmology professionals rely on for education and support in the rapidly changing healthcare climate.

NAEPS would like to offer [insert company name] the opportunity to participate in our new annual corporate membership program. There are two different levels of corporate membership available:

- A Silver Membership valued at \$7,500 per 12-month cycle. Only six (6) Silver Corporate Memberships available per calendar year.
- A Gold Membership valued at \$10,000 per 12-month cycle. Only four (4) Gold Corporate Memberships available per calendar year.

Please review the "Levels of Corporate Membership" page for additional details about the benefits your company is entitled to with each tier.

With your participation, NAEPS can focus on carrying out its mission and help improve eyecare for all Nebraskans. We are hopeful you will recognize the benefits of becoming a corporate member of NAEPS. Thank you for your consideration and I look forward to hearing from you.

Sincerely,

Carmen Chinchilla
Executive Director
Nebraska Academy of Eye Physicians and Surgeons



Nebraska Academy of Eye Physicians and Surgeons

Your Corporate Membership allows you to:

- Help NAEPS achieve its goals and objectives
- Be part of a key organization that local ophthalmology professionals rely on for education and information regarding ophthalmology practice issues.

GOLD LEVEL- \$10,000

Participation

1. Annual face-to-face or virtual opportunity with the NAEPS Board of Directors for up to 15 minutes.
2. A display table at scheduled face-to-face conferences with guaranteed availability.
3. Up to five (5) attendee registrations for scheduled face-to-face conferences.
4. Discounted registration fees (50%) for additional registered attendees for face-to-face conferences.
5. Attendance for your representatives at virtual conferences (*when applicable*).

Visibility

6. Opportunity to post your FDA approvals and new indications on the NAEPS website's "New Drugs/Therapies" page.
7. Recognition as a "Gold Member" on the NAEPS website. Company logo will be hyperlinked back to your organization.
8. Recognition as a "Gold Member" on conference materials and signage, including:
 - Networking reception at annual meeting.
 - Full-page ad in meeting program and/or registration packet handout.
 - One (1) approved mailer to NAEPS membership & meeting attendees.
 - Organization description on event webpage (up to 150 words).

Exclusive for Gold Level Members

Opportunity to provide one (1) non-branded webinar to NAEPS members during the year. NAEPS will promote event to members. Content is developed by Corporate Member.

Additional Information:

- Corporate membership does not guarantee your organization will be able to participate in any of the NAEPS events. It is your organization's responsibility to contact the exhibit coordinator in a timely manner
- Corporate membership status for a company does not provide 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 in order to conduct events in a safe manner.
- Corporate educational activities are developed by each respective corporation. NAEPS does not recommend or endorse any specific product that may be mentioned or referenced in the program.

SILVER LEVEL- \$7,500

Participation

1. Annual face-to-face or virtual opportunity with the NAEPS Board of Directors for up to 10 minutes.
2. A display table at scheduled face-to-face conferences with guaranteed availability.
3. Up to four (4) attendee registrations for scheduled face-to-face conferences.
4. Discounted registration fees (25%) for additional registered attendees for face-to-face conferences.
5. Attendance for your representatives at virtual conferences (*when applicable*).

Visibility

6. Opportunity to post your FDA approvals and new indications on the NAEPS website's "New Drugs/Therapies" page.
7. Recognition as a "Silver Member" on the NAEPS website. Company logo will be hyperlinked back to your organization.
8. Recognition as a "Silver Member" on conference materials and signage, including:
 - Full-page ad in meeting program and/or registration packet handout.
 - Organization description on event webpage (up to 125 words).



Nebraska Academy of Eye Physicians and Surgeons

2021 Application for Corporate Membership

Corporation Name:

Level of 2021 Membership:

Gold (\$10,000)

Silver (\$7,500)

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:



Nebraska Academy of Eye Physicians and Surgeons

2021 Application for Corporate Membership (continued)

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

NAEPS Tax ID#: 47-0630498

Please return completed application and dues to:

Nebraska Academy of Eye Physicians and Surgeons
c/o Nebraska Medical Association
1045 Lincoln Mall, Suite 200
Lincoln, NE 68508

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

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:

4. Corporate Representative Name:

Email Address:

Phone:

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 Academy of Eye Physicians and Surgeons

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.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

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.

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1045 Lincoln Mall, Suite 200

6 City, state, and ZIP code
Lincoln, Nebraska, 68508

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 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

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or

Employer identification number

4	7	-	0	6	3	0	4	9	8
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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 ▶ **March 9, 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.