

# **2023 Corporate Membership Opportunities**





August 10, 2022

Dear Corporate Partner,

I am writing to request that you consider becoming a Corporate Member for the Illinois Medical Oncology Society. Membership will be active from January 1, 2023 – December 31, 2023.

IMOS works as a liaison between our oncology providers, state and federal lawmakers, corporate members and the insurance industry. IMOS is an inclusive representative body of all cancer care providers in the state of Illinois. Whether it is in the form of educational meetings or our web-based resources, IMOS strives to create effective methods to facilitate education, advocacy, communication and a sense of community among our interdisciplinary members.

You will be invited to exhibit at our association meetings and will be given the opportunity to meet and exchange ideas with the IMOS members, corporate members, and external guests at the local, state and national levels. We will also continue our educational podcast series throughout the year.

IMOS is a 501(c)6 nonprofit organization, with a tax identification number of 56-2367853. Please make your check payable to IMOS and mail it to Illinois Medical Oncology Society, c/o Corporate Accounts, 574E Ritchie Hwy, #271, Severna Park, MD 21146.

A list of corporate membership levels and corresponding privileges is attached for your review. Please feel free to contact me with any questions or requests for additional information.

Sincerely,

Kristin K. Prine  
Executive Director, Illinois Medical Oncology Society

**LOBBYING NOTICE:** IMOS is a Section 501 (c) (6) nonprofit organization. As such, contributions or gifts to this organization are not deductible as charitable contributions for Federal income tax purposes. However, payments of membership dues are deductible for most members of a trade association under Section 162 of the Internal Revenue Code as ordinary and necessary business expenses. Tax deductions, however, are disallowed as deductible to the extent of the portion of dues which are used by organizations for legislative lobbying. IMOS has determined that 5.9% of your dues in 2023 are not deductible as ordinary and necessary business expenses.

SILVER | \$5,000

GOLD | \$10,000

DIAMOND | \$15,000

# 2023 CORPORATE MEMBERSHIP LEVELS AND BENEFITS



1 Attendee	2 Attendees	4 Attendees	
2 Attendees	3 Attendees	5 Attendees	Complimentary registration to attend IMOS meetings.
1 Per Year	2 Per Year	3 Per Year	Total number of company representatives who may attend IMOS meetings if exhibiting.
1 Page	1 Page	2 Pages	E-blast distribution of your company's FDA approvals, new indications, coding changes, patient assistance program and educational offerings relevant to IMOS members.
✓	✓	✓	Inclusion in the IMOS corporate directory available on the members only page of the IMOS website.
✓	✓	✓	Hyperlinked company logo on the IMOS website with membership level.
✓	✓	✓	Opportunity to notify IMOS members of new FDA approvals, coding changes, patient assistance programs and other vetted company specific information through IMOS communication channels.
✓	✓	✓	Acknowledgement at IMOS meetings.
✓	✓	✓	Link to <i>Strategies</i> online oncology magazine and <i>IMOS Insights</i> e-newsletter sent to all named representatives each month.
✓	✓	✓	Full member access to IMOS website for all company representatives and opportunity to participate in IMOS sponsored webinars.
✓	✓	✓	Opportunity to meet with IMOS Executive Director for informational meetings.
✓	✓	✓	Post access to meeting attendee list if exhibiting (restrictions apply).
	✓	✓	Acknowledgment as a corporate member through link to Corporate Showcase in the footer of IMOS emails when appropriate.
	✓	✓	Opportunity to participate in an in-person or virtual industry reception.
		✓	Complimentary Exhibit table at the IMOS fall annual conference (one 6' draped table).
		✓	Opportunity for 2 representatives to participate in Advocacy Roundtable event.
		✓	Priority notice of exhibit opportunities and earlier admittance to display room for set up if available.
		✓	Customized activity, TBD, and must be agreed upon by mutual consent.

**Exhibitor Fees for IMOS Meetings are Independent of Membership (except where noted above).**

Exhibitor fee for all Members is \$1,500 for one six-foot draped table and representation from your company as outlined above. Exhibitor fee for non-members is \$3,000 for one six-foot draped table and two representatives from your company.

\*NOTICE: IMOS reserves the right to substitute virtual activities for live activities due to COVID-19 safety issues, at the discretion of the IMOS Board of Directors. All events are to be considered tentative and subject to change. In the event of cancellation, IMOS reserves the right to negotiate a mutually agreeable substitute.



**Kristin Prine**  
**Erica Huffman**

Executive Director  
Corporate Relations Director

kprine@nextwavegroup.net  
ehuffman@nextwavegroup.net

(847) 264-4667  
(561) 414-6113



CORPORATE MEMBERSHIP COMMITMENT FORM		
COMPANY NAME:		
KEY CONTACT NAME:		
ADDRESS:		
KEY CONTACT EMAIL:		
PHONE/ FAX:		
COMPANY WEBSITE:		
CONTACT NAME/EMAIL		
MEMBERSHIP LEVEL: (PLEASE CHECK ONE)		
DIAMOND \$15,000	GOLD \$10,000	SILVER \$5,000
TO PAY BY ACH CALL: 410-647-5002		
TO PAY BY CHECK MAIL TO: 574E RITCHIE HIGHWAY #271 ATTN: IMOS CORPORATE MEMBERSHIP SEVERNA PARK, MD 21146		
<i>PLEASE INDICATE COMPANY NAME ON MEMO LINE</i>		
TO PAY BY CREDIT CARD CALL: 1-855-605-PAID (7243)		

APPROVAL FOR COMPANY, PLEASE COMPLETE BELOW

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Pleasereturncompleted form to Erica Huffman  
at ehuffman@nextwavegroup.net**

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b> See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Illinois Medical Oncology Society		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		<b>4</b> 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>
	<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) ▶ _____ <b>Note:</b> 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 <b>not</b> 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)		
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. 574E Ritchie Hwy., #271		Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code Severna Park, MD 21146		
	<b>7</b> 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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
5	6	-	2	3	9	7	8	5	3

## 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>	Signature of U.S. person ▶ <i>Doralee Billings</i>	Date ▶ 2/5/2023
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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).

## 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.*