September 15, 2018

Dear Corporate Supporter,

We are writing to request 2019 Corporate Membership support for the Alabama Cancer Congress. Membership will be active from January 1, 2019 – December 31, 2019.

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

ACC targets medical oncologists and hematologists, physician assistants, advanced practitioners, oncology nurses, radiation oncologists, surgical oncologists, neuro oncologists, gynecologic oncologists, radiation therapists, dosimetrists, fellows, residents, practice administrators, and ancillary staff that are involved in providing care to oncology patients throughout Alabama.

ACC will host a Spring Meeting and a Fall Meeting. Save-the-date cards will be distributed once contracts have been finalized. You will be invited to exhibit at our association meetings and will be given the opportunity to meet and exchange ideas with the ACC members, corporate members, and external guests at the local, state and national levels.

ACC is a 501(c) (6) nonprofit organization, with a tax identification number of 26-2900861. Please make your check payable to ACC and mail it to Alabama Cancer Congress, c/o Corporate Accounts, 550 M 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,

Roberta Sorensen, MA
Executive Director
Alabama Cancer Congress
bsorensen@nextwavegroup.net
703-850-5122

Carol Teal Christner, MSA, CAE
National Director, Corporate Relations
Hematology/Oncology Society Services
echristner@nextwavegroup.net
828-779-2966

www.ALCancerCongress.org
<table>
<thead>
<tr>
<th>Non-Member</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
<th>Diamond</th>
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</thead>
<tbody>
<tr>
<td>$4,000</td>
<td>$1,500</td>
<td>$1,200</td>
<td>$1,100</td>
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<td>$7,000</td>
<td>$6,600</td>
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<td>$10,200</td>
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<table>
<thead>
<tr>
<th>1 Rep (if exhibiting)</th>
<th>2 Reps (if exhibiting)</th>
<th>3 Reps (if exhibiting)</th>
<th>4 Reps (whether exhibiting or not)</th>
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<tbody>
<tr>
<td>$450</td>
<td>$350</td>
<td>$325</td>
<td>$300</td>
</tr>
<tr>
<td>$300</td>
<td>Physician rate</td>
<td>Physician rate</td>
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</tr>
<tr>
<td>$600</td>
<td>$350</td>
<td>$350</td>
<td>$350</td>
</tr>
</tbody>
</table>

- **Number of reps included in membership fee**: **“if you pay to exhibit.”** If you do not exhibit and attend only, you must pay the extra rep fees below (except for Diamond or Platinum members).

<table>
<thead>
<tr>
<th>Extra rep fees (per rep)</th>
<th>Physician rate</th>
<th>Physician rate</th>
<th>Physician rate</th>
<th>Physician rate</th>
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<tbody>
<tr>
<td><strong>$450</strong></td>
<td><strong>$350</strong></td>
<td><strong>$325</strong></td>
<td><strong>$300</strong></td>
<td><strong>$275</strong></td>
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</tbody>
</table>

- **Display Fees**: ACC Spring Meeting (In addition to Membership Fee)
- **Display Fees**: ACC Fall Meeting (In addition to Membership Fee)
- **Total Corporate Membership Fees with display fees included**

- **Additional tables are $350 plus extra rep fees if applicable**

- **If exhibiting, your organization will be acknowledged as an exhibitor on the event slideshow**
- **Your representatives will be included on the association list serv on request**
- **Your organization will be recognized as a member on the association website/with logo**
- **Your organization will be acknowledged as a corporate member on event slideshows between Jan 1 & Dec 31, 2018**
- **Distribution of your organization’s FDA approvals and new indications will be posted on our website and posted on social media as timely as possible**
- **HOSS Reimbursement Newsletter Subscription (pending funding)**
- **Access to HOSS Reimbursement Specialist for questions and information (pending funding)**
- **Complimentary state society member labels provided for the promotion of company offerings (per year) through key contact only**
- **Meet (or consult via phone) with Executive Director if requested**
- **Distribution of your organization’s coding changes, patient assistance and other vetted company specific info through our communication channels.**
- **Opportunity to promote company’s educational offerings on website and social media**
- **Opportunity to provide national oncology and/or hematology updates in an exclusive meeting with members of the board once per year**

As always, we are happy to work with you to ensure compliance with your organization’s internal protocols and guidelines.

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Carol Teal Christner  Corporate Relations Director  cchristner@nextwavegroup.net  828.779.2966
CORPORATE MEMBERSHIP COMMITMENT FORM

<table>
<thead>
<tr>
<th>COMPANY NAME:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>KEY CONTACT NAME AND EMAIL:</td>
<td></td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>CITY:</td>
</tr>
<tr>
<td>STATE:</td>
<td>ZIP CODE:</td>
</tr>
<tr>
<td>PHONENUMBER:</td>
<td>FAX NUMBER:</td>
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<tr>
<td>EVENT CONTACT NAME AND EMAIL:</td>
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</tr>
<tr>
<td>WEBSITE:</td>
<td></td>
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</tbody>
</table>

MEMBERSHIP LEVELS: (PLEASE CIRCLE ONE)

<table>
<thead>
<tr>
<th>Level</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Diamond</td>
<td>$10,000</td>
</tr>
<tr>
<td>Gold</td>
<td>$8,000</td>
</tr>
<tr>
<td>Silver</td>
<td>$6,000</td>
</tr>
<tr>
<td>Bronze</td>
<td>$4,000</td>
</tr>
</tbody>
</table>

TO PAY BY CHECK, MAIL TO:
550M RITCHIE HIGHWAY #271
ATTN: ACC MEMBERSHIP
SEVERNA PARK, MD 21146

PLEASE INDICATE COMPANY NAME ON MEMO LINE

TO PAY BY CREDIT CARD, CALL 855-605-PAID (7243)

APPROVAL FOR COMPANY:

NAME: ___________________________
TITLE: ___________________________
DATE: ___________________________
SIGNATURE: ______________________________________________
Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Social security number

Employer identification number

26-2900861

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.

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.

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-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.