



# EXHIBITOR & MEDIA KIT

PRINT | DIGITAL MEDIA | VIRTUAL & LIVE EVENTS

[mo-afp.org](http://mo-afp.org)

# WHAT IS?

## MISSOURI ACADEMY OF FAMILY PHYSICIANS?

### ABOUT MAFP

The Missouri Academy of Family Physicians (MAFP) is a non-profit professional medical society of more than 2,400 physicians, residents and medical students across the state. Headquartered in Jefferson City, MAFP is dedicated to optimizing the health of patients, families, and communities of Missouri through patient care, advocacy, education, and research.

Founded in 1947, MAFP was the first chapter of the American Academy of Family Physicians (AAFP). AAFP represents 134,600 physicians and medical students nationwide. It is the only medical society devoted solely to primary care.

Family physicians conduct approximately one in five of the total medical office visits in the United States per year. Today, family physicians provide more care for America's underserved and rural populations than any other medical specialty.

### OUR MISSION

The Missouri Academy of Family Physicians is dedicated to optimizing the health of the patients, families and communities of Missouri by supporting family physicians in providing patient care, advocacy, education and research.

# WHAT CAN?

## MAFP DO FOR MY BUSINESS?

### PRINT

Put your name in front of more than 2,400 of our powerful and affluent readers through the Missouri Academy's quarterly magazine, *Missouri Family Physician*.

### DIGITAL MEDIA

Digital advertising is fast, flexible and trackable. Extend your reach far beyond print publications, or compliment your print ad on the Missouri Academy's website, mo-afp.org. Offering high visibility at the top of the page, your ad will be linked directly to your web page of choice.

Or, expand your digital marketing via our *Show Me State Update (SMSU)*, and reach your online demographic. The *SMSU* is the Missouri Academy's electronic newsletter sent on the first of the month to all members.

### VIRTUAL & LIVE EVENTS

The Missouri Academy offers several opportunities for you to connect with our members. Connect with your audience in person or virtually by exhibiting at or sponsoring an event. The Missouri Academy strives to keep members abreast of changes in healthcare. These programs provide physicians the opportunity to earn required Continuing Medical Education (CME) while also becoming engaged in their state-wide professional association.





# DIGITAL MEDIA

## mo-afp.org

### MISSOURI FAMILY PHYSICIAN WEBSITE

The Missouri Academy website is a great way to promote your business. Your ad will be linked to your site, driving traffic to you and increasing your brand awareness and credibility. Ads are placed in the upper right hand corner and appear on each page of the website for added exposure.

### WEBSITE ADVERTISING RATES

Duration	Rate
One Month (30 days)	\$200
Three Months (90 days)	\$500
Six Months (180 days)	\$900
Twelve Months (365 days)	\$1,700



### SHOW ME STATE UPDATE - E-NEWSLETTER

The Missouri Academy keeps members informed with a monthly Show Me State Update (SMSU) email communication. It includes time-sensitive information and requests related to healthcare solutions, advocacy issues, and professional development opportunities.

### E-NEWSLETTER ADVERTISING RATES

Duration	Rate
One Issue (30 days)	\$350
Three Issues (90 days)	\$900
Six Issues (180 days)	\$1,500
Twelve Issues (365 days)	\$2,400



QUESTIONS? [MARKETING@MO-AFP.ORG](mailto:MARKETING@MO-AFP.ORG)

### WANT TO ADVERTISE DIGITALLY?

Fill out the advertising contract located in the back of this media kit.



1.5"x2.5"

### AD SPECIFICATIONS

Files must be CMYK and at least 600 dpi resolution. Files must be created to meet correct dimensions. MAFP does not design ads. Prepayment is required.

Please submit ads to [marketing@mo-afp.org](mailto:marketing@mo-afp.org).

**DEADLINE:** Please send ads two weeks in advance of placement on the website or in the e-newsletter.

# PARTNERS IN HEALTH

## ABOUT MAFP PARTNERS IN HEALTH

The MAFP Partners in Health program recognizes community and corporate supporters as not only partners in family medicine but also recognizes their commitment to providing quality healthcare to Missourians.



Your physician-focused, multi-media content will be promoted in MAFP's communication vehicles and maintained on the Partners in Health resource page for an entire year. All MAFP members and public will have access to the Partners in Health information shared.

## PARTNERSHIP BENEFITS

Partners in Health is a dedicated page on our website to provide resources that family physicians may need in their practices. Each partner can display their hyperlinked logos, descriptive paragraph (up to 200 words), contact information, and a link to their hosted video(s). Information on this page is not intended to be CME eligible and partners will be able to change their message monthly. MAFP reserves the right to approve, decline, or limit the information shared on this page.

Added benefits to participating in this program include recognition in MAFP's communication vehicles highlighting our partnership and driving physician attention to your online resources:

- Recognition in MAFP's quarterly magazine, the *Missouri Family Physician*
- 25% advertising discount in MAFP's monthly e-newsletter, the Show Me State Update
- Annual subscription to MAFP's quarterly print and digital publications

## WHAT IS THE COST OF A PARTNERSHIP?

**Partnerships are \$5,000 annually and must be paid in advance.**

Once payment is made, the information will be posted on the first of the month following payment.



## HOW DO I BECOME A PARTNER IN HEALTH?

If you're interested in partnership or have any questions about Partners in Health, contact MAFP Assistant Director, Bill Plank by email [tplank@mo-afp.org](mailto:tplank@mo-afp.org) or give the MAFP office a call at 573-635-0830.

# AFC SPONSORSHIP

30<sup>TH</sup> ANNUAL FALL CONFERENCE | NOVEMBER 10-12, 2022 | BIG CEDAR LODGE

612 Devil's Pool Road | Ridgedale, Missouri 65739 | Phone: 417-339-5233 | [www.bigcedar.com](http://www.bigcedar.com)

MAFP's Annual Fall Conference is the largest Missouri Academy gathering of primary care physicians and exhibitors in a relaxed and informal atmosphere for learning. The conference is held at Big Cedar Lodge in Ridgedale, MO each November.

## WANT TO EXHIBIT AT OR SPONSOR AT AFC?

Fill out the sponsorship and exhibitor contract located in the back of this media kit.

## SPONSORSHIP LEVELS

### \$5,000+ DIAMOND LEVEL SPONSORSHIP (1 AVAILABLE)

- Dedicated Diamond Level signage displayed at event
- Opportunity to welcome attendees at event registration table
- Exhibit space and preferential booth placement for in person event (first choice)
- Exhibit space amenities (listed under "Exhibit Space Only" below)
- Promotional insert in attendee packet (provided by sponsor)
- Sponsor recognition and logo on event web page
- Sponsor logo linked on event web page
- Custom password from sponsor to use for event web page access (subject to approval)
- Sponsor recognition and logo on all conference emails
- Full page ad in *Missouri Family Physician* magazine
- Dedicated social media post with Diamond Level Sponsor recognition

### \$3,000 PLATINUM LEVEL SPONSORSHIP (3 AVAILABLE)

- Logo displayed on event signage
- Exhibit space and preferential booth placement for in person event
- Exhibit space amenities (listed under "Exhibit Space Only" below)
- Promotional insert in attendee packet (provided by sponsor)
- Sponsor recognition and logo on event web page
- Sponsor logo linked on event web page
- ½ page ad in *Missouri Family Physician* magazine
- Dedicated social media post with sponsor recognition

### \$2,000 GOLD LEVEL SPONSORSHIP (10 AVAILABLE)

- Logo displayed on event signage
- Exhibit space and preferential booth placement for in person event
- Exhibit space amenities (listed under "Exhibit Space Only" below)
- Sponsor recognition and logo on event web page
- Sponsor logo linked on event web page
- ¼ page ad in *Missouri Family Physician* magazine
- Shared social media acknowledgement

### \$1,000 EXHIBIT SPACE AND VIRTUAL EXHIBIT SPACE

- Company listed in conference handout
- Virtual exhibit space on event web page
- Table-top exhibit space at Big Cedar Lodge
- Draped table with two chairs and exhibitor personnel badges
- Electric (please specify in contract)
- Breaks and refreshment breaks

Meal, break, fundraiser, and other sponsorships are also available. Contact [marketing@mo-afp.org](mailto:marketing@mo-afp.org) or call (573) 635-0830 if interested.

<b>AFC Attendance History</b>			
<i>*2020 data reflects limited attendance due to COVID-19</i>			
Attendees	2021	2020*	2019
Physicians	150	105	144
Residents	20	21	20
Students	15	9	11
FNPs/PAs	6	1	11
Exhibitors	26	15	31
<b>Total</b>	<b>217</b>	<b>136</b>	<b>217</b>

### ATTENDEE PROFILE

Attendees of the Annual Fall Conference are physicians, residents, medical students, and allied health professionals.

### SHIPPING

Should you choose to mail your exhibit packages in advance, please ship them no later than 5-7 days prior to the event. Please ship packages to the following address:

Big Cedar Lodge  
612 Devil's Pool Rd.  
Ridgedale, MO 65739

ATTN: MO Academy of Family Physicians & your company name

### BOOTH PLACEMENT

Refer to the diagram to the right for booth placement. Please indicate your booth space preferences on the sponsorship and exhibitor contract located in the back of this media kit. Requests are filled based on a first come, first served basis. Placement subject to change.

### EXHIBIT SCHEDULE

*(Schedule times subject to change)*

#### Thursday, November 10, 2022

4:00 - 6:00 pm: Exhibitor Move-in

#### Friday, November 11, 2022

7:00 am - 3:45 pm: Exhibit Hall Open

7:00 - 8:00 am: Breakfast Buffet in Exhibit Hall

9:45 - 10:15 am: Break in Exhibit Hall

3:15 - 3:45 pm: Break in Exhibit Hall

#### Saturday, November 12, 2022

7:00 - 10:45 am: Exhibit Hall Open

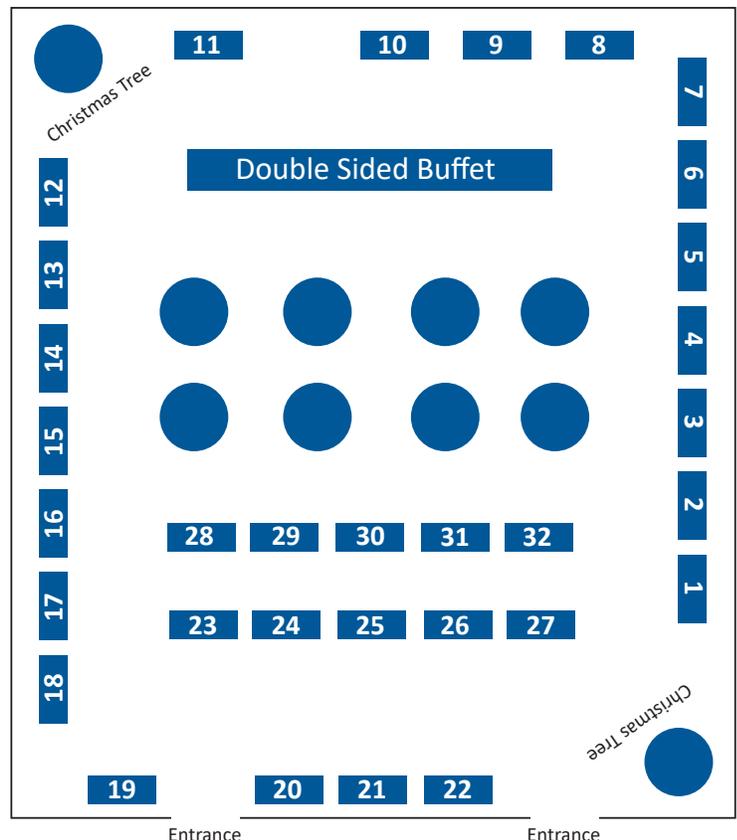
7:00 - 8:00 am: Breakfast Buffet in Exhibit Hall

10:00 am - 10:45: Refreshment Break in Exhibit Hall

*\*(Prize drawing held)*

10:45 - 12:00 pm: Exhibitor Tear-down

*\*We welcome exhibitors to bring door prizes for attendees. Please indicate if you plan to bring prizes on the sponsorship and exhibitor contract in the back of this media kit.*



# MISSOURI SCIENTIFIC CME SPONSORSHIP

VIRTUAL SERIES HELD FEBRUARY-MAY 2022

## TOPICS AND DATES

Neurology - February 17, 2022

Geriatrics - March 17, 2022

Cancer - April 21, 2022

Musculoskeletal - May 19, 2022

## \$250 SERIES SPONSORSHIP

- Name recognition for your organization on event emails, social media and conference webpage
- List of attendees names and email addresses

## MISSOURI SCIENTIFIC VIRTUAL SERIES SPONSORSHIP CONTRACT



MISSOURI ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR MISSOURI

722 West High Street  
Jefferson City, MO 65101  
Email: [marketing@mo-afp.org](mailto:marketing@mo-afp.org)  
Phone: (573) 635-0830  
Fax: (573) 635-0148

### COMPANY INFORMATION

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

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

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

Company Website: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT INFORMATION

Amount Due: \$ \_\_\_\_\_

Enclosed is My Check Made Payable to: **MAFP** (Fed. Tax ID 43-0895284)

Please Charge Credit Card (*We do not accept American Express*):  Mastercard  Visa  Discover

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_



MISSOURI ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR MISSOURI

# MISSOURI ACADEMY OF FAMILY PHYSICIANS SPONSORSHIP & EXHIBITOR CONTRACT



722 West High Street  
Jefferson City, MO 65101  
Email: marketing@mo-afp.org  
Phone: (573) 635-0830  
Fax: (573) 635-0148

## WE WOULD LIKE TO PARTICIPATE IN:

AFC (in person & virtual)    AFC (virtual only)

## WE WOULD LIKE TO PARTICIPATE AT THE FOLLOWING LEVEL:

Details for each level on pages 5-6 of Media Kit

**DIAMOND** \$ \_\_\_\_\_    **PLATINUM** \$ \_\_\_\_\_    **GOLD** \$ \_\_\_\_\_    **EXHIBIT ONLY (AFC)** \$1,000

## COMPANY INFORMATION

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

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

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

Company Website: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will need electricity at my booth (AFC)    My company will provide a door prize (AFC)

## COMPANY REPRESENTATIVES (AFC)

Two reps per table. Please print name exactly as you wish to be identified on name badges.

\_\_\_\_\_

**AFC BOOTH LOCATION(S)** Choose a booth location (1st, 2nd & 3rd choice). Specify if there is/are any business(es) you wish NOT to be placed near.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Comments: \_\_\_\_\_

We, the undersigned, hereby apply for a table-top exhibit space at the below meeting(s) subject to the regulations as stated in the MAFP Exhibit Regulations, which we accept as part of this agreement. We will pay a rental fee for one table-top exhibit space as described on the following page. A check or credit card information for full payment is due with this contract in order to secure exhibit space at the meeting(s). Tables are assigned in order of received contracts and payments. **Please read carefully, the Exhibit Regulations on the back side of this contract.**

## PAYMENT INFORMATION

Amount Due: \$ \_\_\_\_\_

Enclosed is My Check Made Payable to: **MAFP** (Fed. Tax ID 43-0895284)

Please Charge Credit Card (We do not accept American Express):  Mastercard    Visa    Discover

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_



# MISSOURI ACADEMY OF FAMILY PHYSICIANS (MAFP) CONFERENCE EXHIBIT REGULATIONS

## **Exhibit Space**

Tabletop exhibit space consists of a 30" x 8' (AFC) draped table, two chairs, and wastebasket. If electrical is needed, please specify in exhibit contract.

## **Exhibit Hours**

It is mutually agreed that it is the duty and responsibility of each exhibitor to install exhibits on Thursday prior to the conference between 4:00 and 6:00 p.m. On Friday and Saturday, the exhibit hall will be open 7:00 a.m. to 11:00 a.m. (Times may vary slightly). The exhibit hall must be cleared by 12:00 p.m. on Saturday. Exhibitors who begin to disassemble their display before closing time may be prohibited from exhibiting at future MAFP events.

## **Contract for Space**

This application constitutes a contract for the right to use the space allotted. If exhibitor representative is not present by 10:00 a.m. on Friday, table space will be relinquished. In the event of fire, strike or other unavoidable occurrence rendering the exhibit space unfit for use, MAFP will seek to make provisions for the exhibit space elsewhere.

## **Signage and Displays**

Signage and displays should be appropriate for a 30" x 8' (AFC) draped table. Vertical banners may be used on or behind the table.

## **Use of Space**

All demonstrations, interviews or other sales activities must be confined to the limits of the exhibit booth. No exhibitor shall assign, sublet or share in whole or any part of the space allotted without the knowledge or consent of MAFP. Aisles must be kept clear.

## **Displays**

All displays will be restricted to table-top, except for displays of medical or office equipment or those given special approval by MAFP. No floor displays due to space constraints.

## **Decorations**

All decorations must be in compliance with fire regulations.

## **Liability**

It is mutually agreed that the Missouri Academy of Family Physicians and Big Cedar Lodge shall not be liable to exhibitors for damage to or from the loss or destruction of exhibits or the property of exhibitors or injuries to their persons resulting from any cause, all claims for any such loss, damage or injury being expressly waived by exhibitors, except where Missouri Academy of Family Physicians and Big Cedar Lodge have acted willfully or negligently. Exhibitors shall indemnify and hold harmless the Missouri Academy of Family Physicians and its officers, directors, employees, agents and contractors from any judgment, loss or other expense (including reasonable attorney's fees) arising from allegations, claims or lawsuits relating to (1) products or services offered by exhibitors or (2) actions of exhibitors, their employees or agents, except where Missouri Academy of Family Physicians and its officers, directors, employees, agents and/or contractors have acted willfully or negligently. The exhibitor assumes responsibility and liability for losses, damages and claims arising from exhibitor's activities on the hotel premises and will indemnify, defend and hold harmless the hotel, its owner, and its management company, as well as their respective agents, servants and employees from any and all such losses, damages and claims, except where the hotel, its owner, and/or its management company have acted willfully or negligently.

## **Cancellations**

Cancellation of this contract must be made in writing. Cancellation notices received earlier than 90 calendar days prior to the event will give the exhibitor a 50% credit toward exhibiting at the next regularly scheduled conference. Cancellations received within 90 calendar days of the conference will not be refunded or transferred.

## **Restrictions**

MAFP reserves the right to restrict exhibits which, for any reason, become objectionable and may also prohibit or evict any exhibit or exhibitor which, in the opinion of MAFP, may detract from the general character of the exhibition. This restriction includes persons, things, conduct, printed matter, or anything of a character not in keeping with MAFP, its members, and its meeting attendees. MAFP is not liable for any refunds or other exhibitor expense.

## **Products**

Products which require the approval of the Food and Drug Administration (FDA) for marketing must receive approval before being exhibited. Exhibitors may be required to show evidence of FDA approval. This requirement applies to medical devices, drugs, cosmetics, and other FDA regulated products. In accordance with this policy, if non-FDA approved products or services are exhibited, MAFP will require removal or discontinuance of any promotion, wholly or in part.

## **Security**

The exhibit hall will be secured during the evenings. No responsibility will be assumed by MAFP or the venue for fire, theft, or other losses.

## **General Information**

The rules and regulations for the MAFP exhibiting opportunities follow those used by the American Academy of Family Physicians. The purpose is to assure integrity of our meetings while creating a quality marketing opportunity for exhibitors and serving the needs of our members. Exhibitors agree to abide by the conditions published in the brochure from MAFP and those of the venue in which the meeting is held. Exhibitors also accept responsibility for informing their employees and agents of these conditions and agree they will abide by them also. Your signature on your exhibit contract indicates you have accepted these terms and conditions. MAFP assumes no liability for any act or omission in connection with any loss or damages suffered by an exhibitor as a result of any act or omission of any vendor, service provider, or other exhibitor or party. Exhibitors and their representatives release MAFP from all liabilities for loss or damage ensuing from any cause whatsoever, except for actual damages resulting from MAFP's failure to fulfill its obligations as described in the conference brochure. MAFP disclaims any and all liability for injury or other damages to an individual based on products or services displayed at the meeting and for all claims that may arise out of the use of the displayed products or services.

## **Exposition Cancellation**

It is mutually agreed that in the event the meeting does not occur or cannot be continued due to causes beyond the reasonable control of MAFP, such as fire, strikes, natural disasters (threatened or actual), governmental regulations, terrorism (threatened or actual), or other causes, MAFP and exhibitors have no further contractual obligations to each other. At such time, MAFP management will determine an equitable basis for refunding a portion of the exhibit fees after due consideration of expenditures and commitments already made. MAFP is not responsible under any circumstances for any exhibitor expense such as airfare, lodging or exhibit shipping.

# MISSOURI ACADEMY OF FAMILY PHYSICIANS ADVERTISING CONTRACT



722 West High Street  
Jefferson City, MO 65101  
Email: [marketing@mo-afp.org](mailto:marketing@mo-afp.org)  
Phone: (573) 635-0830  
Fax: (573) 635-0148

## COMPANY INFORMATION

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

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

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

Company Website: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*MAFP reserves the right to restrict advertisers which, for any reason, become objectionable and may also prohibit any advertiser which, in the opinion of MAFP, may detract from the general publication, website, or newsletter. This restriction includes persons, things, conduct, printed matter, or anything of a character not in keeping with MAFP, its members, and its attendees. MAFP is not liable for any refunds or other advertiser expense.*

## PRINT ADVERTISING RATES

Size/Location	Annual	Single	Issue
Back Cover	<input type="checkbox"/> \$4,300	<input type="checkbox"/> \$1,200	<input type="checkbox"/> Jan-March
Inside Front Cover	<input type="checkbox"/> \$3,800	<input type="checkbox"/> \$1,075	<input type="checkbox"/> April-June
Inside Back Cover	<input type="checkbox"/> \$3,800	<input type="checkbox"/> \$1,075	<input type="checkbox"/> July-Sept
Full Page	<input type="checkbox"/> \$3,400	<input type="checkbox"/> \$950	<input type="checkbox"/> Oct-Dec
1/2 Page	<input type="checkbox"/> \$2,150	<input type="checkbox"/> \$600	
1/4 Page	<input type="checkbox"/> \$1,750	<input type="checkbox"/> \$485	
Business Card Size	<input type="checkbox"/> \$950	<input type="checkbox"/> \$260	

## WEBSITE ADVERTISING RATES

- One Month (30 days) \$200
- Three Months (90 days) \$500
- Six Months (180 days) \$900
- Twelve Months (365 days) \$1,700

MONTHS: \_\_\_\_\_

## E-NEWSLETTER ADVERTISING RATES

- One Issue (30 days) \$350
- Three Issues (90 days) \$900
- Six Issues (180 days) \$1,500
- Twelve Issues (365 days) \$2,400

MONTHS: \_\_\_\_\_

**PARTNERS IN HEALTH 12-MONTH PARTNERSHIP**  \$5,000

START MONTH: \_\_\_\_\_ END MONTH: \_\_\_\_\_

## PAYMENT INFORMATION

Amount Due: \$ \_\_\_\_\_

Enclosed is My Check Made Payable to: **MAFP** (Fed. Tax ID 43-0895284)

Please Charge Credit Card (We do not accept American Express):  Mastercard  Visa  Discover

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

CVV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_





MISSOURI ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR MISSOURI

*The Missouri Academy of Family Physicians is dedicated to optimizing the health of the patients, families and communities of Missouri by supporting family physicians in providing patient care, advocacy, education and research.*



722 West High Street  
Jefferson City, Missouri 65101  
Phone: 573.635.0830  
Fax: 573.635.0148  
[mo-afp.org](http://mo-afp.org)

**QUESTIONS? [MARKETING@MO-AFP.ORG](mailto:MARKETING@MO-AFP.ORG)**

# 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> <b>See Specific Instructions on page 3.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Missouri Academy of Family Physicians</b>	
	<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.  <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) ▶ <b>501(c)(6)</b>	<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>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>722 West High Street</b>	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code <b>Jefferson City, MO 65101</b>	
	<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>									
4	3	-	0	8	9	5	2	8	4

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <b>January 1, 2021</b>
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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-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.*