



Idaho Society of Clinical Oncology
P.O. Box 6332
Boise, ID 83707
(208) 901-3353 | IdahoOncology@gmail.com

November 21, 2023

Dear Corporate Supporter,

We are writing to request 2024 Corporate Membership for the Idaho Society of Clinical Oncology. Membership will be active from January 1, 2024 - December 31, 2024.

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

ISCO 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 Idaho.

ISCO is planning to hold in-person events this year and we invite you to join us at our Spring Corporate Member Reception in Boise. We are also planning an in-person Fall Meeting in Boise which will feature opportunities for corporate member participation, and more information about this event will be provided in the coming weeks. These events will provide you with the opportunity to meet and exchange ideas with the ISCO members, corporate members, and external guests at the local, state, and national levels.

ISCO is a 501(c)6 nonprofit organization, with a tax identification number of 82-0474062. Please make your check payable to ISCO and mail it to Idaho Society of Clinical Oncology, P.O. Box 6332, Boise, ID 83707.

A list of corporate membership levels and corresponding privileges is attached for your review. Please contact us with any questions or requests.

We look forward to working with you!

Sincerely,

Board of Directors
Idaho Society of Clinical Oncology

SILVER | \$4,000
GOLD | \$8,000
DIAMOND | \$12,000

2024

CORPORATE MEMBERSHIP LEVELS AND BENEFITS



2 Attendee	4 Attendees	6 Attendees	
			Complimentary registration to attend ISCO meetings (Other programs may be added during the calendar year)
3 Attendees	4 Attendees	5 Attendees	Number of company representatives who may attend ISCO meetings if exhibiting
1 Per Year	2 Per Year	3 Per Year	E-blast distribution of your company's FDA approvals, new indications, coding changes, patient assistance program and educational offerings relevant to ISCO members
1/2 Page	1 Page	2 Pages	Inclusion in the ISCO annual corporate directory distributed to ISCO members and available on the website.
✓	✓	✓	Opportunity to promote your company's educational offerings in our publications and website
✓	✓	✓	Opportunity to notify ISCO members of new FDA approvals, coding changes, patient assistance programs and other vetted company specific information through ISCO communication channels
✓	✓	✓	Acknowledgement at ISCO meetings
✓	✓	✓	All company representatives may participate in ISCO-sponsored webinars
✓	✓	✓	Opportunity to submit company information for inclusion in monthly newsletters
✓	✓	✓	Full member access to ISCO website for all company representatives
✓	✓	✓	Opportunity to meet with ISCO Executive Director for informational meetings
✓	✓	✓	Hyperlinked company logo included on appropriate ISCO email distributions
	✓	✓	Hyperlinked company logo displayed on the ISCO website with membership level
	✓	✓	Opportunity to participate in an industry reception
	✓	✓	Advance access to meeting attendee list (if exhibiting)
		✓	Company profile on ISCO website including logo, website link and bio (250 words max)
		✓	Informational meeting with FOUR members of your company and members of the ISCO Board of Directors.
		✓	Opportunity to be recognized as a sponsor of a coffee break, etc at ISCO meetings (optional)
		✓	Opportunity to advertise programs on a complimentary basis on the ISCO website

Exhibitor Fee for ISCO Meeting is Independent of Membership.

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.

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Idaho Society of Clinical Oncology

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) ▶ _____

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.
PO Box 6332

6 City, state, and ZIP code
Boise, ID 83707

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

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.

Social security number

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OR

Employer identification number

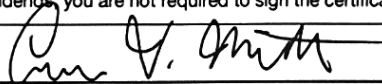
8	2	-	0	4	7	4	0	6	2
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Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

- Under penalties of perjury, I certify that:
- 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.

Sign Here Signature of U.S. person ▶  Date ▶ **3/1/23**

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)

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 - 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.