

INVITATION TO SPONSOR

NH Annual Scientific Meeting

November 7-9, 2025 – Omni Mount Washington Resort
Bretton Woods, NH

We invite you to exhibit or sponsor our Annual Scientific Conference on November 7-9, 2025, at the Omni Mount Washington Resort, Bretton Woods, New Hampshire. The conference theme is “Building Bridges: Integrating Behavioral Health for Better Outcomes”. All sponsorships can be found [HERE](#).

Please see the preliminary agenda below for additional information on the program topics. We expect a significant turnout; we expect 110+ attendees this year. Our Annual Meeting topics are of interest to a broad cross-section of physicians, and the appealing destination in the White Mountains will be a draw.

As in past years, the Medical Society will schedule the education programs and break times on Friday and Saturday to afford maximum opportunities for exhibitors and physician attendees to interact.

Our special rate at the Omni Mount Washington Resort is just \$199 per night and reservations are open: [CLICK HERE](#). Our W-9 is also included in this packet. Please let me know your sponsorship selection. We look forward to working with you.

Sincerely,



Kirsten Singleton, CAE
Chief Operating Officer

kirsten.singleton@nhms.org

NH MEDICAL SOCIETY

2 Capitol Plaza, Suite 401

Concord, NH 03301

PROGRAM SCHEDULE

Building Bridges: Integrating Behavioral Health for Better Outcomes

Friday, Nov. 9, 10:00am through Sunday, Nov. 11, 11:00am

TOPICS:

- Caring for Challenging Patients in a Medical Setting
- Integrating Mental Health Care into Primary Care Settings
- NH's Community Health Centers – A Discussion with Key Leaders
- Building Systems for Psychiatric Issues in Emergency Settings
- Physician Advocacy: Know the Issues and Strategies for Effectiveness
- Transgender Care Through the Mental Health Perspective
- 2025 Medicaid Update
- Understanding the NH Workforce
- Ophthalmologists Rural Healthcare Solutions
- Physician Leadership in Today's Challenging Environment
- Perinatal Addiction*
- Pain Management for Patients with Substance Use Disorders*
- Mental Health and Substance Use*

**Will qualify for NH's CME Opioid requirement*

**Request for Taxpayer
Identification Number and Certification**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | |
|--|---|--|
| Print or type. See Specific Instructions on page 3. | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) New Hampshire Medical Society | |
| | 2 Business name/disregarded entity name, if different from above. New Hampshire Medical Society | |
| | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.) | |
| | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | |
| | 5 Address (number, street, and apt. or suite no.). See instructions. 2 Capitol Plaza, Suite 401 | |
| 6 City, state, and ZIP code Concord, NH 03301 | | |
| 7 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

| | | | | | | | | | |
|---------------------------------------|---|--|---|---|---|---|---|---|-----|
| Social security number | | | | | | | | | |
| | | | - | | | | - | | |
| or | | | | | | | | | |
| Employer identification number | | | | | | | | | |
| 0 | 2 | | - | 0 | 2 | 2 | 3 | 1 | 7 6 |

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.

| | | |
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| Sign Here | Signature of U.S. person Cathryn Stratton,CAE | Date 11/22/2024 |
|------------------|---|-------------------------------|

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they