

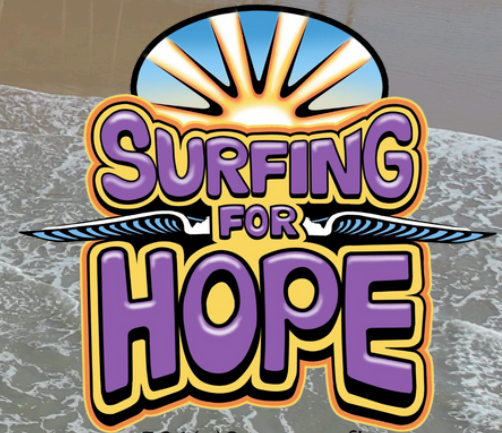
2024 Cancer Resource Health Fair

SATURDAY, NOVEMBER 16TH



CANCER
Health Fair

ADC THERAPEUTICS	BOSTON GENE	EISAI	LUCENCE
ASTRAZENECA	BRISTOL MYERS SQUIBB	EPIZYME	MYREP.COM
AVED ONCOLOGY	CANCER SUPPORT COMMUNITY	GLAXOSMITHKLINE	NOVARTIS
BAYER ONCOLOGY	CARIS LIFE SCIENCES	INCYTE CORPORATION	SEAGEN
		SObi PHARMA	



501(c)3 nonprofit

Dear Healthcare Organization Representative,

On behalf of the Surfing for Hope Foundation, we would like to invite your organization to participate in our 13th annual benefit weekend's Cancer Resource Health Fair. The event will be held on Saturday, December 16th from 10am to 2pm at the Pismo Beach Pier in Pismo Beach, California.

The Cancer Resource Health Fair is a unique event that brings together cancer patients, survivors, healthcare providers, and community organizations. The fair provides an opportunity for cancer patients and survivors to learn about the many resources that are available to them, and for healthcare providers to connect with patients and other organizations.

This year's fair will be held in conjunction with a World Surf League professional longboard surf contest that will take place from November 15th-17th. We believe that our annual Longboard Classic and Cancer Resource Health Fair is a valuable event for the Central Coast community. By participating, your organization can help to raise awareness of cancer resources and provide support to cancer patients and survivors.

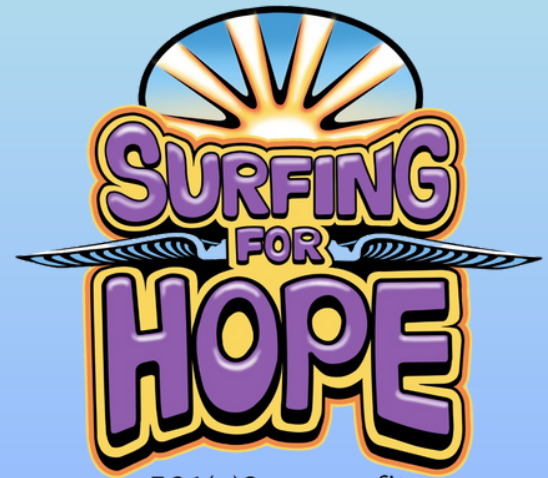
To register for the event, please visit our website at **surfingforhope.org** or contact us at **surfingforhope@gmail.com**.

We hope to see you there!
Sincerely,

The Surfing for Hope Foundation
Tom Spillane MD and Karen Allen MD
Cancer Resource Health Fair Coordinators

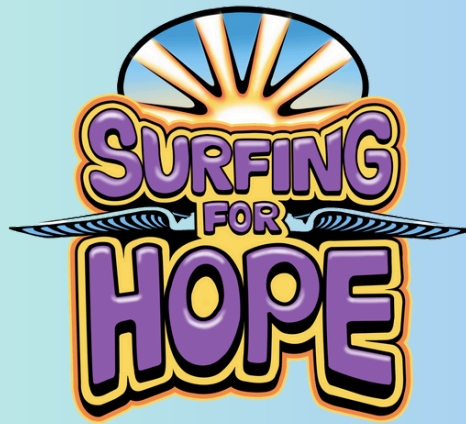


2024 CANCER RESOURCE HEALTH FAIR



501(c)3 nonprofit

2024 Cancer Resource Health Fair



2024 Cancer Resource Health Fair

Pricing Options

STANDARD

\$2,000

- ✓ Covered Tent
- ✓ Shared table w/chair
- ✓ 1 ticket to gala
- ✓ Company name on health fair banners
- ✓ Assigned location

ADVANCED

\$2,500

- ✓ Covered Tent
- ✓ Shared table w/chair
- ✓ 2 tickets to gala
- ✓ Lunch on pier
- ✓ Company **logo** on health fair banners
- ✓ Preferred location

PRO

\$5,000

- ✓ All the same benefits as Advanced
- ✓ Your companies **30-second commercial ad** played on live WSL webcast all 3 days of surf contest. Message us for details and availability.

Cancer Resource Health Fair Application

As a vendor, your contribution will go directly to the Surfing for Hope Foundation to run the event and give back all proceeds to the community.

- ☐ Yes, I would like to participate in the Cancer Resource Health Fair at Surfing for Hope

Company Name _____

Contact Name _____

Phone _____ E-Mail _____

Address _____ City/State/zip _____

Type of Business _____

Company Description _____

Description of Items for Sale (if applicable) _____

California Seller's Permit Number (required if planning to sell goods at fair) _____

- ☐ I will make my payment online at <https://surfingforhope.org/event/cancer-resource-health-fair>

- ☐ Please charge my vendor fee to my: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Card # _____ Expiration Date _____ CVC _____

Printed Name _____ Date _____

Signature _____

Please Choose Payment Amount

Standard Booth \$2,000.00

Advanced Booth \$2,500.00

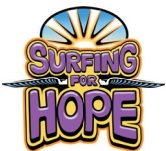
Pro Booth \$5,000.00

Release of Liability:

The undersigned, desiring to enter and participate as a vendor in the Surfing for Hope Health Fair does hereby tender his/her application to participate. If the selection committee accepts the applicant vendor, the undersigned agrees to: Release and hold harmless the Surfing for Hope Foundation, The City of Pismo Beach, and any other participating organizers, sponsors, their officers, directors, employees and/or other members and volunteers of any and all liability arising out of said event. Accept all risks inherent in the event and hereby agrees to release the above entities from any loss or damages arising out of said event. Accept by the guideline under which said event will be run and abide by them. That the foregoing release, waiver, and indemnity agreement is a broad and inclusive as is permitted by the law in the State of California.

- ☐ I have read, and agree to, the above release of liability and participant rules

Authorized Vendor Signature _____ Date _____



Please return completed forms to: _____

Surfing For Hope Foundation: 1304 Woodside Drive, San Luis Obispo CA 93401

Email: surfingforhope@gmail.com

Surfing For Hope, a California nonprofit Tax ID #36-4762809

**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.) Surfing For Hope Foundation	
	2 Business name/disregarded entity name, if different from above.	
	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) Nonprofit Tax Exempt 501c3	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) 3539543 <i>(Applies to accounts maintained outside the United States.)</i>
	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. 1304 Woodside Drive 6 City, state, and ZIP code San Luis Obispo CA 93401 7 List account number(s) here (optional)	Requester's name and address (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								
3	6		-	4	7	6	2	8 0 9

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 <i>Tom Spillane</i>	Date <i>5/10/24</i>
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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.

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