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Dear Sponsor,

On behalf of the American Association of Physicians of Indian Origin – Queens & Long Island (AAPIQLI), we are pleased to invite your organization to sponsor our milestone **30th Annual Convention**, to be held on **Saturday, December 5, 2026, at 5:00 PM** at the **Huntington Hilton, 598 Broad Hollow Road, Melville, NY 11747**.

AAPIQLI is one of the largest and most active physician organizations in the region, representing more than **1,200 physicians** across Queens, Nassau, and Suffolk Counties. As a chapter of the national AAPI network, our mission is to advance healthcare excellence, physician education, community service, charitable initiatives, scholarship programs, and public health outreach.

Our Annual Convention is expected to attract **600–700 distinguished attendees**, including physicians, hospital and healthcare system leaders, medical society presidents, healthcare executives, residents, fellows, medical students, community leaders, and media representatives. This premier event offers an exceptional opportunity to showcase your organization, strengthen relationships with healthcare decision-makers, and increase visibility among one of the most influential physician networks in New York.

Your sponsorship directly supports AAPIQLI's educational programs, community outreach initiatives, scholarship activities, charitable endeavors, and physician leadership development.

Please review the enclosed Sponsorship & Advertising Opportunities Sheet. We would be honored to partner with your organization and welcome the opportunity to discuss customized sponsorship packages tailored to your marketing goals.

Payment Options:

Check Payable To: AAPIQLI

36 Sunset Road South

Albertson, NY 11507

Online Payment: www.aapiqli.org

A W-9 form is enclosed for your convenience.

Thank you for your consideration and support.

Sincerely,

Jagat Rawal, MD

President, AAPIQLI

Rajender Jinna, MD

Chairman, Board of Trustees

Narayan Agrawal, MD

Convention Chairman





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AAPIQLI 30th Annual Convention

Saturday, December 5, 2026 • Huntington Hilton, Melville, NY

SPONSORSHIP OPPORTUNITIES

Grand Sponsor — \$25,000

Golden Page Ad • Premium Recognition • Exhibit Space • VVIP Seating (10)

Diamond Sponsor — \$15,000

Golden Page Ad • Premier Recognition • Exhibit Space • VIP Seating (6)

Platinum Sponsor — \$10,000

Full Page Ad • Recognition • Exhibit Space • VIP Seating (4)

Gold Sponsor — \$5,000

Full Page Ad • Recognition • Exhibit Space • 2 Tickets

EXHIBITOR OPPORTUNITIES

Corporate Table (10 Guests) \$3,500

Exhibit Booth (4' x 6') \$2,500

JOURNAL ADVERTISING

Gold Page \$2,500

Silver Page \$2,000

Full Page \$1,500

Half Page \$750

All sponsors, exhibitors, and advertisers will be recognized in convention materials.

For Sponsorship Inquiries:

Jagat Rawal, MD

President, AAPIQLI

Rajender Jinna, MD

Chairman, Board of Trustees

Narayan Agrawal, MD

Convention Chairman

www.aapiqli.org

**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.) AAPI OF QUEENS AND LONG ISLAND, INC.	
	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. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ 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. ☒ Other (see instructions) TAX EXEMPT CHARITABLE ORGANIZATION	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) _____ <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 ☐	
	5 Address (number, street, and apt. or suite no.). See instructions. 36 SUNSET ROAD S.	Requester's name and address (optional)
6 City, state, and ZIP code ALBERTSON, NY 11507		
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									
1	1	-	3	2	6	7	7	1	5

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.

Sign Here	Signature of U.S. person 	Date <u>06/22/26</u>
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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