American Association of Physicians of Indian Origin – Queens and Long Island

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 participate as a sponsor and exhibitor at our prestigious **Annual CME Symposium and Research Day**, to be held on **Sunday, November 22, 2026, from 8:30 AM to 2:30 PM** at the **DeMatteis Center, 101 Northern Boulevard, Greenvale, New York 11548**.

AAPIQLI is one of the largest and most active physician organizations in the region, representing more than **1,200 physicians** practicing across Queens, Nassau, Suffolk, and neighboring counties. As a chapter of the American Association of Physicians of Indian Origin (AAPI), our members are dedicated to advancing healthcare excellence, physician education, community outreach, medical research, and charitable service.

Annual CME Symposium & Research Day

This highly anticipated educational event will bring together more than **250 physicians, healthcare professionals, medical residents, fellows, medical students, healthcare executives, and practice administrators** for a day of continuing medical education, cutting-edge research presentations, professional networking, and collaboration.

The program provides a unique opportunity for sponsors to engage directly with healthcare decision-makers and influential medical professionals in an intimate and highly interactive setting.

Your participation offers:

- Direct access to a targeted audience of practicing physicians and healthcare leaders
- Opportunities for product demonstrations and one-on-one engagement
- Enhanced brand visibility among healthcare professionals and community leaders
- Support for physician education, research, and community health initiatives
- Recognition as a partner in advancing medical excellence and innovation

Premium Exhibit Opportunity

Exhibitor Package – $2,500

Package Includes:

- Premium exhibit table location
- Direct interaction with attendees throughout the symposium
- Recognition in event materials and signage
- Opportunity to distribute educational and promotional materials
- Acknowledgment during the event program

NOT FOR PROFIT ORGANIZATION TAX ID# 11-3267715

36 Sunset Road, South Alberson, NY 11507 516.439.0552 president@aapiqli.org www.aapaapiqli.org

American Association of Physicians of Indian Origin – Queens and Long Island

Registration & Payment

To reserve your exhibit space:

Visit **www.aapiqli.org** and select the **"Event"** tab and then select **Annual CME Event 2026** to complete secure online registration and payment.

Checks may also be made payable to:

AAPIQLI
36 Sunset Road South
Albertson, NY 11507

A W-9 form is enclosed for your convenience.

Your support helps AAPIQLI continue its longstanding mission of physician education, medical research, charitable outreach, scholarship programs, and community service. We would be honored to welcome your organization as a valued partner in this important educational event.

Thank you for your consideration and continued support.

Sincerely,

Jagat Rawal, MD	**Rajender Jinna, MD**	**Vinni Jayam, MD**	**Viswanath Vasudevan, MD**
President, AAPIQLI	Chairman, Board of Trustees	CME Chair	Research Chair

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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)

(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 . . . . . ☐

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** 06/22/26

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