



Tuesday, September 6, 2016

Dear Prospective Sponsor,

The WellMed Charitable Foundation (WCF) and the Alamo Area Council of Government's (AACOG) Bexar Area Agency on Aging are pleased to announce that we will be hosting our third annual *Caregiver Summit: Facing the Challenge* on Thursday, November 10th, 2016. As a recognized leader in our community I would like to give you an opportunity to ensure your organization's presence at this unique event as a sponsor.

The Caregiver Summit gives organizations the chance to interact with family caregivers and professionals from San Antonio and the surrounding area. Last year the Caregiver Summit gathered ~250 people. This year we are planning on hosting 350 guests. Please see the agenda for this year's Summit on the flyer in the attached packet. In addition, participants will be offered:

- Complimentary On-Site Respite Care
- Free flu shots courtesy of WCF/WellMed
- Free CEUs
- Sharing of tips and techniques with caregivers and professionals
- Community resources

Each sponsor will have a display table with chairs and lunch will be provided for two. *Space is limited and will be allocated by sponsorship level and the date your completed form is received.* Further instruction will be provided once your participation has been confirmed (i.e. set-up time, submitting your ad). Please email (address below) your organization's digital logo when you submit your form.

**Interested organizations should return completed registration forms by
Thursday, October 6, 2016**

(Forms are attached to this letter or email for additional copies, see address below)

For More Information, please contact:

Jennifer Kretzschmar

jkretzschmar@wellmed.net

or Call (210)871-7720 or (866)390-6491

We look forward to hearing from you!

A handwritten signature in blue ink that reads "Carol Zernial".

Carol Zernial, Executive Director
WellMed Charitable Foundation



WELLMED
CHARITABLE FOUNDATION



REGISTER NOW NOV | 10 | 2016

2016 SAN ANTONIO CAREGIVER SUMMIT: FACING THE CHALLENGE



Keynote Speaker

Lynn Friss Feinberg

Senior Strategic Policy Advisor
AARP Public Policy Institute

Other Featured Speakers



Randy Purdy

The Sea is Wide: A Memoir of
Caregiving



Dr. Jamie Huysman

Nationally Recognized Psychologist
and Caregiving Expert



Dr. Harry Croft

Chief of Nervous System Research at
Clinical Trials of Texas, Inc.

Family Caregivers and Professionals are invited to join us in welcoming:

- Lynn is the co-author of AARP's *Valuing the Invaluable* series and *Home Alone: Family Caregivers Providing Complex Care*
- First director of the Campaign for Better Care, an initiative of the National Partnership for Women and Families.
- Leader in the Family Caregiver Alliance (FCA) for almost 15 years where she led FCA's first 5-state study on publically funded caregiver programs in the US
- Immediate past chair of the American Society on Aging and Member of the Institute of Medicine's Committee on Family Caregiving for Older Adults
- Feinberg has published and lectured widely on family care issues and has served on numerous national advisory committees and expert panels to address caregiving and long-term care.

Thursday, November 10th,
2016

8:30am - 3:00pm

Whitley Theological Center
Oblate School of Theology
285 Oblate Dr.,
San Antonio TX 78216

Register Online:
CaregiverSOS.org

Call:
866-390-6491
or 210.871.7720

- Respite Care is available
(20 Spots Available)
- There is **no cost** for this event
but registration is required
- Social Worker CEU's and
Nursing CNE's are available
- Complimentary Flu Shots
at the event



2016

SAN ANTONIO CAREGIVER SUMMIT FACING THE CHALLENGE



November | 10 | 2016
8:30 a.m. to 3:00 p.m.

Whitley Theological Center
Oblate School of Theology
285 Oblate Drive | San Antonio | TX 78216

	Platinum \$1,000	Gold \$750	Silver \$500	Bronze \$300	Non-Profit
Prominent Table Placement	★ Inside of Auditorium	★ Inside of Auditorium	In Walkway	In Walkway	Non-Profit Room
Sponsorship Board Recognition	★	★	★	★	★
Time to Talk at Event	★ 5 Minutes	★ 3 Minutes			
Handout Door Prize	★	★	★	★	★
Ad in Event Program	Full Page	Half Page	Half Page	1/4 Page	Listed

* All sponsors will have a table

Call for reservations or sponsorship opportunities
(210) 871-7720





2016 Caregiver Summit: Facing the Challenge
November 10, 2016 from 8:30 am to 3:00 pm

Sponsorship Form and Exhibitor Registration Form

Contact Name _____

Organization/Exhibitor _____

Mailing Address _____
Street Number and Street Name and Suite Number, if applicable

City _____

State
Abbreviation

Zip Code _____

Work Phone Number _____

Cell Phone Number _____

Fax Number _____

Email Address _____

Sponsorship Level *

☐ Platinum ☐ Gold ☐ Silver ☐ Bronze ☐ Non-Profit
\$1,000 \$750 \$500 \$300

Method of payment

☐ Check ☐ Credit Card ☐ Invoice

*Payable to the WellMed
Charitable Foundation*

*Please fill out Credit
Card Authorization
Form*

*****All Sponsors are asked to bring a door prize valued at least \$25*****

Form is due no later than October 6, 2016

Email or mail (see address below) registration form to

Jennifer Kretzschmar jkretzschmar@wellmed.net

8637 Fredericksburg Road, Ste 100 | San Antonio, TX | 78240 | (210) 871-7720 | www.caregiversos.org





CREDIT CARD AUTHORIZATION

To be completed by Event Coordinator:

Event Coordinator: _____

Event Date: _____ Event Name: _____

Function Address: _____

To be completed by Sponsor:

Company Name: _____

Name on the Card: _____

Printed name/title of authorized signer: _____

Type of Card: Visa ____ MC ____ AMEX ____ Discover ____

Account number _____

Expiration Date _____ Security Code _____ (3 or 4 digit code)

Billing Address _____

City, State, Zip _____

Phone Number _____ E-mail Address: _____

Amount to be Charged: \$ _____

By signing this form, I affirm that I am authorized to charge on the account listed above and I authorize WellMed Charitable Foundation to charge the account for the amount listed above.

Signature: _____ Date: _____

Information regarding the work of the WellMed Charitable Foundation, as well as the Refund and Privacy Policy, may be found on our website at www.WellMedGives.org. Any questions regarding this charge may be address by sending an email to WellMedGives@wellmed.net.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2:

Name (as shown on your income tax return) WellMed Charitable Foundation		
Business name/disregarded entity name, if different from above		
Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ Public Charity	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
Address (number, street, and apt. or suite no.) 8637 Fredericksburg RD, Suite 100		Requester's name and address (optional)
City, state, and ZIP code San Antonio, TX 78240		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-			-		

Employer identification number								
2	0	-	5	0	8	7	0	1

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 on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ <u>11/1/13</u>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.