

# W-9 Cover Sheet

## Educational Services Division

We need a new W-9 if your name or address has changed or if you have not received payment from ASHP in the last two years.

**Instructions:**

1. Complete the information below.
2. Complete – and SIGN – your W-9 form:  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>
3. Submit both THIS COVER SHEET and YOUR COMPLETED and SIGNED W-9:
  - a. Fax to **301-215-7518**
  - b. Or, Scan and email to **fmdw9@ashp.org**

**Presenter/Participant Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Meeting:**     Midyear Clinical Meeting     Summer Meetings

Preceptors Conference     Leaders Conference

Other: \_\_\_\_\_

**Year of Meeting :** \_\_\_\_\_