

SAMPLE

SUBSTITUTE FORM W9

PROVISION OF TAXPAYER IDENTIFICATION NUMBER

The Federal Income Tax Laws require us to provide you our Taxpayer Identification Number.

CHECKS SHOULD BE PAYABLE TO:

NAME: American College of Emergency Physicians

ADDRESS: P.O. Box 619911

Dallas, Texas 75261-9911

EMPLOYER IDENTIFICATION NUMBER: 3 8 - 1 8 8 8 7 9 8

TYPE OF ORGANIZATION:

TEXAS NOT FOR PROFIT CORPORATION [IRC SECTION 501 (C)(6)]

I CERTIFY THAT, UNDER PENALTIES OF PERJURY, THE TAXPAYER IDENTIFICATION NUMBER PROVIDED IS CORRECT AND THAT THE ABOVE NAMED PAYEE IS NOT SUBJECT TO BACKUP WITHHOLDING.

(SIGNATURE)

(TITLE)

(DATE)