



20 BMANAFL 21
Fort Myers-Naples

BMANAFL 2021 Annual Convention & Gala
Bangladesh Medical Association of North America, Florida
BMANAFLConvention.com
October 29-30, 2021



Dear Sponsor,

BMANAFL 2021 Annual Convention and Gala will be held on October 29-30, 2021 at The Westin Cape Coral Resort at Marina Village. BMANAFL is a multi-specialty physician organization, who are actively involved in clinical practice, research, academic and other professional activities in Florida. BMANAFL is a nonprofit 501(c)(3), tax exempt physician organization (EIN 46-4750463).

We ask for your sponsorship in support of the convention through contributions to the BMANA. Following options available to contribute to this event:

- ☐ CME (Category 1, 4.0 hr, focused on primary care and subspecialties)
- ☐ Grant/donation
- ☐ Advertisement (brochure/Meeting)
- ☐ Sponsor specific item (Bag, Meals)
- ☐ Exhibit booth for product and services
- ☐ Sponsored Presentation (Medical, business, financial etc)

Please see attached forms for details about each of the above opportunities. Visit bmanafconvention.com for further details about the organization and the convention.

The convention will be an educational and highly successful medical event. We hope that you will take advantage of this opportunity and be a generous supporter.

Sincerely,

Imtiaz Ahmad, MD
Convener, BMANAFL
iahmad02017@gmail.com
239-989-2968

For any sponsorship related questions, please contact:

1. Obayedur Khan MD, 239-304-8902, qualitydoc@hotmail.com
2. Imtiaz Ahmad, MD, 239-989-2968, iahmad02017@gmail.com
3. Khaza Chowdhury, MD, 239-300-5252, khaza.chowdhury@leehealth.org



BMANAFL 2021 Annual Convention & Gala

Bangladesh Medical Association of North America, Florida

BMANAFLConvention.com

October 29-30, 2021



SPONSORSHIP COMMITMENT FORM

Bangladesh Medical Association of North America, Florida Inc (BMANAFL), a nonprofit 501(c)(3), tax exempt physician organization (EIN 46-4750463) will publish a souvenir and set up display booths in conjunction with BMANAFL 2021 Annual Convention & Gala, to be held on October 29-30, 2021 at The Westin Cape Coral Resort at Marina Village, Florida.

Sponsorship opportunity (Please Check) **Deadline for payment 9/30/21**

☐ **Event sponsor** (see next page for details)

- ☐ Platinum level: \$3,000
- ☐ Gold level: \$2,000
- ☐ Silver level: \$1000

☐ **Advertisement rate:**

- ☐ Back Cover Page: \$ 1500
- ☐ Inside Back Cover Page: \$ 1000
- ☐ Inside Front Cover Page: \$ 1250
- ☐ Full Page: \$500
- ☐ Half Page: \$250

☐ **Booth:** \$ 1000 (Available on October 30, 2021)

☐ **Vendor:** \$300 (October 30, 2021)

For Sari, jewelry stores etc. only

☐ **CME / non-CME sponsorship:**

- ☐ Medical presentation: \$2000 (+Speaker cost)
- ☐ Lunch : \$1000 (+ lunch expenses, to be paid to hotel)
- ☐ Breakfast : \$500 (+ breakfast expenses, to be paid to hotel)
- ☐ Coffee break : \$250 (+ coffee expenses, to be paid to hotel)
- ☐ Non-CME presentation (15 minute): \$1000

TOTAL SPONSOR AMOUNT: ...\$.....

BUSINESS NAME:

CONTACT NAME:

ADDRESS:

CITY: STATE: ZIP:.....

PHONE: EMAIL:

Sponsor's Signature.....



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Thank you for your advertisement, please send your documents in electronic format (ad material in PDF/JPEG format, business card, website or logo file)

Imtiaz Ahmad
iahmad02017@gmail.com

Deadline for payment 9/30/21

Pay by credit card : <https://bmanafilconvention.com/registration/bmanafil-2021/>
or complete credit card authorization form available in this document.

Check Payable to

BMANAFL

Mailing address:
Khaza Chowdhury, MD
5596 Briarcliff Rd.
Fort Myers, FL 33912
Tax ID # EIN 46-4750463



20 BMANAF 21
Fort Myers-Naples

BMANAF 2021 Annual Convention & Gala
Bangladesh Medical Association of North America, Florida
BMANAFConvention.com
October 29-30, 2021

EVENT SPONSORSHIP FORM

Sponsorship opportunity (Please Check one) **Deadline for payment 9/30/21**

- ☐ Platinum level: \$3,000
- ☐ Hotel accommodation : Suite (1 BR) 2 nights
 - ☐ Dinner : 4 Guests
 - ☐ Advertisement : Full page
 - ☐ Recognition : Website/conference/journal
 - ☐ Registration : 2 physician (if applicable)
- ☐ Gold level: \$2,000
- ☐ Hotel accommodation : Superior Deluxe King 2 nights
 - ☐ Dinner : 2 Guests
 - ☐ Advertisement : Full page
 - ☐ Recognition : Website
 - ☐ Patient referral package (Blog/bio/backlink to business or practice)
 - ☐ Registration : 2 physician (if applicable)
- ☐ Silver level: \$1000
- ☐ Hotel accommodation : Traditional double 2 nights
 - ☐ Dinner : 2 Guests
 - ☐ Registration : 1 physician (if applicable)

TOTAL SPONSOR AMOUNT:

BUSINESS NAME:

CONTACT NAME:

ADDRESS:

CITY: STATE: ZIP:.....

PHONE: EMAIL:

Sponsor's Signature.....



20 BMANAFL 21
Fort Myers-Naples

BMANAFL 2021 Annual Convention & Gala
Bangladesh Medical Association of North America, Florida
BMANAFLConvention.com
October 29-30, 2021

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Bangladesh Medical Association of North America, Florida (BMANAFL) to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize BMANAFL to charge my credit card
(full name)

account indicated below for \$ _____ on or after _____. This payment is for
(amount) (date)

(sponsored item)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____ CVV _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Bangladesh Medical Association of North America Florida inc.	
2 Business name/disregarded entity name, if different from above Bangladesh Medical Association of North America Florida inc.	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input checked="" type="checkbox"/> Other (see instructions) ► NOT FOR PROFIT	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 929 N US Highway 27/441, Building -102	Requester's name and address (optional)
6 City, state, and ZIP code Lady Lake, FL 32159	
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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-				-	
or								
Employer identification number								
4	6	-	4	7	5	0	4	6

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 for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 8/26/2021
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **OCT 27 2014**

BANGLADESH MEDICAL ASSOCIATION OF
NORTH AMERICA FLORIDA INC
7232 W SAND LAKE ROAD STE 205
ORLANDO, FL 32819

Employer Identification Number:
46-4750463
DLN:
17053209326024
Contact Person:
JULIE CHEN ID# 31261
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
February 4, 2014
Contribution Deductibility:
Yes
Addendum Applies:
No

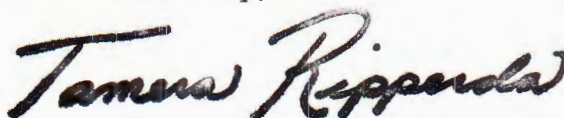
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

Letter 947

10/23/14 J Chen

BANGLADESH MEDICAL ASSOCIATION OF NORTH
AMERICA FLORIDA INC
BANGLADESH MEDICAL ASSOCIATION OF N
7232 W SAND LAKE RD STE 205
ORLANDO FL 32819-5254

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 10/15

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).

5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 10/15

85-8017301188C-0	06/23/2017	06/30/2022	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BANGLADESH MEDICAL ASSOCIATION OF NORTH
AMERICA FLORIDA INC
BANGLADESH MEDICAL ASSOCIATION OF N
7232 W SAND LAKE RD STE 205
ORLANDO FL 32819-5254

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