



Nebraska  
Academy  
of PAs

# NAPA Spring CME - 2026 Conference & Exhibit Hall

April 8-10, 2026  
Holiday Inn & Conference Center  
110 2nd Ave., Kearney, NE 68848

Exhibit Hall:  
Thursday, April 9th, 9 am to 5 pm  
Friday, April 10th, 8 am to 12 pm

Return your sponsorship & exhibit contract to NAPA at:

Nebraska Academy of PAs  
8700 Executive Woods Dr., STE 400  
Lincoln, NE 68512  
info@nebraskapa.org  
402-476-1528

To reserve a hotel room at the discounted rate, \$124.95 plus tax & fees, contact the Holiday Inn and Convention Center directly at (308) 237-5971.

Please mention your participation at the NAPA Annual Spring CME Conference.

## Take advantage of this opportunity to engage with our members by supporting NAPA!

You are invited to join NAPA for our 51st Annual Spring CME Conference. Make sure you are staying connected to PAs and members of the Nebraska Academy of Physician Assistants (NAPA). Being a supporter of the Spring NAPA conference, April 8-10, 2026, at the Holiday Inn Convention Center in Kearney, Nebraska provides a great opportunity to establish new connections and strengthen old acquaintances. The event attracts PAs, physicians and other healthcare providers from Nebraska and surrounding states.

We are proud to provide top rated continuing education to the PAs in our region. These PAs work in all areas of medicine from rural clinics and critical access hospitals to academic medical centers.

The following sponsorship levels are available:

**Sold**  
Platinum \$6,000 - 1 available - Non-CME Product Theater, Company Logo Displayed at Registration, Recognition on Final Agenda, Invitation in Conference Folder, Premium Booth Location, Complimentary Registration, List of Conference Attendees

Gold \$3,000 - 2 available - Marketing Materials in Conference Folder, Sponsor for All Breaks (4), Recognition on Final Agenda, Booth in Exhibit Hall or Virtual Recognition, List of Conference Attendees

Silver \$1,500 - 4 available - Sponsorship of Break Snacks (2), Recognition on Final Agenda, Booth in Exhibit Hall or Virtual Recognition, List of Conference Attendees

Bronze \$800 - Booth in Exhibit Hall or Virtual Recognition, List of Conference Attendees



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NAPA Spring CME  
Conference & Exhibit Hall  
April 8-10, 2026

**Exhibitor Sponsorship & Registration Form**

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

**Name badge information - Please list the representatives from your firm.**

Name: \_\_\_\_\_ Name \_\_\_\_\_

Name: \_\_\_\_\_ Name \_\_\_\_\_

**Mark Sponsorship Level:**

**Sold** Platinum \$6,000     Gold \$3,000     Silver \$1,500     Bronze \$800

**Total Amount Enclosed** \$ \_\_\_\_\_

**No Refunds of booth or sponsorship fees after March 27, 2026**

**Liability**

Nebraska Academy of PAs shall not be responsible for any loss, theft, damage, injury or liability that may occur to exhibitor or to exhibitor's employees or property from any cause whatsoever, prior to, during or subsequent to the period covered by the exhibit contract, and the exhibitor on signing of contract expressly releases Nebraska Academy of PAs from and agrees to indemnify same against any and all claims for such loss, damage, or injury. Exhibitor further agrees to keep its booth space free from any condition which might cause injury to any person coming into such space, and to defend and indemnify the Nebraska Academy of PAs, from all claims, judgements, suits, costs, charges, damages and expenses of any nature that may accrue to persons or property either on account of events within its booth space or by reason of acts or omissions by any of its representatives or employees. Exhibitor is entirely responsible for its leased space and agrees to reimburse the Nebraska Academy of PAs for any damage done to the space which has been leased. Any damage to the building or property of Holiday Inn and Conference Center, Kearney, Nebraska, due to the carelessness of the exhibitor or exhibitor's employees shall be paid for by the exhibitor.

**Please make checks payable to: Nebraska Academy of PAs or pay by credit card below**

Name as shown on card \_\_\_\_\_ Email for receipt \_\_\_\_\_

Card number \_\_\_\_\_ Exp date \_\_\_\_\_ Security Code \_\_\_\_\_

Card Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

**Return Registration form to:** Nebraska Academy of PAs,  
8700 Executive Woods Dr. Ste 400 Lincoln, NE 68512 Ph: (402) 476-1528 Email: alicht@nebraskapa.org

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<b>1</b> 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.) <b>Nebraska Academy of PAs</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> 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. <input checked="" type="checkbox"/> Other (see instructions) <b>Non-profit</b>	
	<b>3b</b> 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 <input type="checkbox"/>	
	<b>4</b> 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.)	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>8700 Executive Woods Dr. STE 400</b>	
	<b>6</b> City, state, and ZIP code <b>Lincoln, NE 68512</b>	
<b>7</b> List account number(s) here (optional)		
<b>Requester's name and address (optional)</b>		

## 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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
3	6	-	2	8	9	7	9	5	1

**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.

## 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.

<b>Sign Here</b>	Signature of U.S. person 	Date 1/1/2026
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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](http://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