

APPENDIX

NGC Fall Board Meeting Procedure Manual

CHECKLIST OF ITEMS SENT TO NGC FALL BOARD MEETING COORDINATOR

COMMITTEE MEETINGS – Composition, Room Setup and Typical Schedule

FINAL REPORT FORM

FOOD ALLERGY INFORMATION

INFORMATION NEEDED FOR FIRST HOTEL VISIT

SAMPLES

BUDGET

REFUND FORM

REGISTRATION FORM

SPEAKER CONTRACT & IRS W-9

VENDOR CONTRACT

VOLUNTARY MEDICAL EMERGENCY FORM

CHECKLIST OF ITEMS
to SEND to
NGC FALL BOARD MEETING COORDINATOR

REQUIRED ITEMS	Due Date	Sent by	Date Sent
1. NAMES OF FALL BOARD MEETING CHAIRMAN & VICE CHAIRMEN			
	As soon as they are selected	Host State President	
2. HOTEL CONTRACT			
• Preliminary Contract for Review		FBM Chairman	
• Final, Signed Contract		FBM Chairman	
3. LIST OF COMMITTEE CHAIRMEN			
	As soon as they are selected	FBM Chairman	
4. BUDGET			
• Preliminary Budget		FBM Chairman	
• Final Budget	6 weeks before NGC Convention in year prior to FBM	FBM Chairman	
5. REGISTRATION FORMS			
• Preliminary forms for review			
• Final versions of all forms	6 weeks before NGC Convention in year prior to FBM	FBM Chairman	
6. FINAL REPORT FORM			
	As soon after the close of FBM as possible	FBM Chairman	

NGC CONVENTION Standing Committee Meetings Committee Makeup, Room Setup and Typical Schedule

Executive Committee – 19 members

- NGC President
- Three (3) Vice Presidents
- Recording Secretary
- Treasurer
- Corresponding Secretary
- Historian
- Parliamentarian
- PH&E Trustee Director
- Eight (8) Regional Directors
- NGC Executive Director

Finance Committee - 14 members

- Chairman (Second Vice President)
- Six (6) Finance Committee Members
- NGC President
- First Vice President
- Third Vice President
- Treasurer
- PH&E Director
- Parliamentarian
- NGC Executive Director

Organization Study Committee – 14 members

- Chairman (Third Vice President)
- Eight (8) Organization Study Committee members
- NGC President
- First Vice President
- Second Vice President
- Parliamentarian
- NGC Executive Director

Permanent Home and Endowment Trustees Committee – 13 members

- PH&E Trustees Director
- Five (5) PH&E Trustees
- NGC President
- Three (3) Vice Presidents
- Treasurer
- Parliamentarian
- NGC Executive Director

Scholarship Committee – 9 members

- Chairman
- Eight (8) Regional Directors

Flower Show Schools Committee – 23 members

- Chairman
- Twenty-two (22) FSS Committee Members

Calendar Committee – 11 members

- Chairman
- Ten (10) Committee Members

Nominating Committee – 18 members

- Chairman
- Vice Chairman
- Sixteen (16) Committee Members (2 from each Region)

ROOM SETUP: Conference Room Style

Typical Schedule and Breakout Room Information

First day:	All Day -	Calendar Committee	11
	Morning -	*Finance Committee	14
	Lunch -	Finance and PH&E	27
		Calendar (in their room)	11
	Afternoon -	*PH&E Trustees	13
Organization Study Committee		14	
Scholarship Committee		9	
Second day:	All day -	Calendar Committee	11
		Flower Show School Committee	23
		**Nominating Committee (in even numbered years)	18
	Lunch -	Executive Committee	19
		Executive & Flower Show School	43
		Calendar (in their room)	11
	Nominating (in their room)	18	

NOTE:

- *These two Committees cannot meet at the same time since members of the Executive Committee attend both.
- **The Nominating Committee meets all day only in even-numbered years when holding interviews for candidates for NGC office. In the odd-numbered years, the Committee meets on the Second day for an amount of time determined by the Nominating Committee Chairman.
- Organization Study Committee must meet at a time when some of the Executive Committee Members can attend, usually after the PH&E Trustees meeting.
- The Finance Committee, PH&E Trustees and Organization Study Committees must meet **prior** to the Executive Committee Meeting. If there are any recommendations from any of these Committees, they must be copied and distributed to the Executive Committee for their Approval.
- Scholarship Committee meeting cannot be held at the same time as Executive Committee, as the Regional Directors are members of both committees, but can be held at the same time as Finance or PH&E.
- The Calendar Committee requires a meeting room for at least two days, and they have lunch in their meeting room. Since the Committee judges for the Vision of Beauty Calendar, the room needs to have space for displaying photos and for having lunch.

FOR ALL OTHER NGC COMMITTEES

After NGC Vice President* has determined the FINAL Committee Meetings Schedule, contact NGC Committee Chairmen to obtain the following information:

- Verify the committee will hold a meeting at FBM
- If committee will or will **NOT** have a breakout room available for a meeting. (*Page 6 - Committees with less than ten (10) members – other than the essential Committees designated by the NGC Vice President* – may not have hotel meeting rooms; may meet in a member's room, lobby, café, etc.*)
- Any adjustment needed to the time that has been allotted.

NGC FALL BOARD MEETING FINAL REPORT

HOST STATE OR REGION:

DATE OF MEETING:

ATTENDANCE

1. Registration

Full-time registrations:

Part-time registrations

Spouses:

Workers:

Guests:

Other:

TOTAL Part-time:

TOTAL ATTENDANCE:

2. Events (workshops, tours)

(Description/Title)

Event 1:	Attendance:
Event 2:	Attendance:
Event 3:	Attendance:
Event 4:	Attendance:
Event 5:	Attendance:
Event 6:	Attendance:
Event 7:	Attendance

HOTEL

1. Number of Hotel Rooms Booked/Contracted

- Night 1
- Night 2
- Night 3
- Night 4
- Night 5
- TOTAL

2. Number of Hotel Rooms Used

- Night 1
- Night 2
- Night 3
- Night 4

Night 5

TOTAL

3. Number of Meeting Rooms Used

Day 1

Day 2

Day 3

Day 4

Day 5

4. Number of Meals Served (break down per meal each day)

Day 1

Day 2

Day 3

Day 4

Day 5

5. Did you meet the obligation of the number of rooms blocked for the meeting?

6. How large was the Exhibit space?

Was Exhibit space able to be locked? YES _____ NO _____

7. How large was the Vendor space?

Was Vendor space able to be locked? YES _____ NO _____

8. Was there free transportation to the hotel, or did you have to arrange transportation? If transportation was not free, what was the cost whether provided by the airport or by your arrangements?

ADDITIONAL INFORMATION

CHAIRMEN

1. How did you divide the main duties among the Fall Board Meeting Chairman and Vice-Chairmen?

2. List the Committee Chairmanships that you had.

3. In hindsight, would you have combined or separated any of those Committee Chairmanships?

4. Are there any chairmanships that you would have eliminated?

MEALS

1. What options did you offer for special dietary needs?

2. What did you give attendees to use at meals to designate that they were the to receive a special meal?

3. How well did the hotel handle the meals for special dietary needs?

4. What did you instruct the hotel to do in serving the special meals? Did they do it?

CENTERPIECES/FLOWERS

1. What was your budget for table centerpieces?
2. How was each meal table centerpiece handled – given away, sold, etc?
3. Were too many table centerpieces left over that caused an issue with disposing of them?

AUDIO-VISUALS

1. When the hotel contract was signed, what was the estimated cost for audio-visuals?
2. After the meeting, what was the actual cost of audio-visuals? Did the hotel make any adjustments and for what reason?

SPEAKERS/PROGRAMS

1. What were some of the prices for individual speakers/programs? (Ex. A Design Speaker, a Horticulture Speaker, a speaker with a PowerPoint or Movie presentation, a workshop speaker, etc)
2. Did you hold a Refresher/Symposium? If so, how many people attended?

FINANCES

1. How did you raise funds?
2. Did you ask all the clubs in your state/region to donate?
3. If so, what was the total amount donated from clubs?

4. Did you receive any corporate donations? If so, how much?

5. Did you "pad" meal prices?

VENDORS

1. How many vendors did you have?

2. Did more vendors apply than could be accommodated or did you have to seek vendors?

3. What was the price structure for vendors?

4. What hours were the hours for shopping for each day?

5. List the companies that were vendors.

GENERAL

1. Was anything given to attendees other than their registration materials? If so, what?

2. What did you not anticipate about any aspect of the Fall Board Meeting?

3. What would you do differently?

4. Are there any other issues/suggestions/comments about the NGC Fall Board Meeting that you would like to make?

5. Do you have any suggestions for information that needs to be added or deleted to the *NGC Fall Board Meeting Procedure Manual*?

Include with this form:

- Final financial report

Send to:

- NGC Fall Board Meeting Coordinator
- Host State or Region

FOOD ALLERGY INFORMATION

List of People with Food Allergies

<u>Registration Number</u>	<u>Name</u>	<u>Table Number if possible</u>	<u>State</u>	<u>Food Allergies</u>

Food Allergy Card

This card should be included in the registration packet of each member who has indicated having a food allergy. If the card is a bright color (yellow, pink, green, etc.), it is much easier for the hotel staff to see on the dining tables. A sample copy of the card should be given to hotel food staff so they can be familiar with what they are looking for.

Card measures approx. 3" x 5".

FOOD ALLERGY

Name: _____

Food Allergy: _____

INFORMATION NEEDED FOR FIRST HOTEL VISIT

Information to take from previous meetings:

1. Hotel Room Reservations
2. Meal Counts
3. Food and Beverage Dollar Amount

Overnight Hotel Room Numbers:

1. Maximum availability – 150 rooms
2. Typical number used – 125
 - Tuesday night – 25 rooms
 - Thursday night – 125 rooms
 - Saturday night – 125 rooms
 - Wednesday night – 100 rooms
 - Friday night – 125 rooms

Overnight Hotel Room Rate

1. Keep as close to \$100 - \$150 as possible
2. Double occupancy
3. Complimentary Suites for:
 - NGC President
 - FBM Chairman and Vice Chairman to share
4. Complimentary Rooms
 - Usually receive one for each 50 rooms booked
 - Complimentary rooms should be used for FBM chairmen that need to be there continuously. Example: Registration Chairman

Additional Hotel Space Requirements

1. Committee Meeting Rooms (***See Appendix – Committee Meetings – Composition, Room Setup and Typical Schedule***)
2. Business Meeting Rooms
3. Meal Rooms

NOTE: Negotiate with hotel **not to pay room fees** for break-out/committee meeting, business or meal rooms
4. Exhibit Space – Secure? Any key/lock fees?
5. Vendor Space - Secure? Any key/lock fees?
6. Registration Space
7. Work room for Design Speaker
8. Work room for Table Centerpieces
 - Should be complimentary room
 - Tables needed for work surfaces; no cloths
 - Preferably should be near ballroom used for meals

Audio-Visual Requirements

1. Availability
2. Typical charges

NOTE: Negotiate for **no charge** on standard microphones or podiums

Additional Information

1. On-Site Parking - Availability & Fees
2. Transportation from Airport – Availability & Fees
3. Any signage provided?
4. Risers - On-site and owned by hotel or have to be rented?

Helpful Hints

Remind the hotel that you are spending a lot of money with them and bringing in people from all over the country as well as internationally, which is excellent advertising for them.

Sample Budget
For NGC Fall Board Meeting
(DATES)
(HOTEL with address)
(THEME, if any)

Proposed Budget

INCOME

Registration Fees	
Board Members (200@\$40)	8,000.00
Guests/Non-Board Members (20@\$50)	1,000.00
Meals	
Board Member Meal Package (200 @ \$170.00)	34,000.00
Guests/Non-Board Members (20@\$45 Lunch/Tour)	900.00
Lunches – Committees - Wed (50) & Thurs (50) \$30 x 100 total	3,000.00
NGC Advance	<u>2,000.00</u>
TOTAL INCOME	\$48,900.00

EXPENSES

Meals	
Package Plan Meals (five meals)	24,600.00
Box lunches Guests Non board members meals (20)	340.00
Lunches – Committees (Wed (50) & Thurs (50) \$21 x 100	2100.00
Services charges and taxes (30% for Marriott meals above)	8,112.00
Speakers & Programs	2,400.00
Audio/Visual (includes tax)	1,710.00
Table Decorations	2,000.00
Postage/Printing	1,270.00
Hospitality/President's Expenses	1,068.00
Meeting Room Charge	0.00
Educational Day (4 buses)	2,500.00
Educational Day Entrance fees	800.00
NGC Advance	<u>2,000.00</u>
TOTAL EXPENSES	\$48,900.00

PLEASE NOTE:

If you have tours, an Educational Day, or school refreshers, you must list that under INCOME and EXPENSES.

(Please list your committee that has assisted on the bottom of this budget.)

Notes that apply to Proposed Budget

INCOME

Package Plan

The meal cost is determined by the cost of the meal PLUS the 18% or 21% Service Charge that the hotel charges. A percentage or \$5.00 or \$10.00 per meal may be added to the meal cost. Remember that you cannot charge too much as that may discourage members from attending. Depending on the area, Hotel and State, the budget will vary. The goal is to cover all costs and do not plan for any more than 200.

Meals – Guest

This includes speakers, NGC President, FBM Chairman, FBM Vice-Chairman and FBM Registrar.

Donations

May be from a District, State or business, whatever applies.

EXPENSES

Speakers and Programs

Speakers' fees, flowers and other material that you will need.

Audio/Visual

Pay for screens and Lavalier microphones; do not pay for a podium and standing mike, as these items should be gratis (work with the hotel)

Hospitality

This is for the President's expenses, i.e. welcome baskets or flowers in VIP rooms. Please note to get a complimentary suite for the NGC President.

Tours/Educational Day

Please be sure that you add the cost for this in your Package Plan.

Overnight Rooms

Make sure that the Hotel gives you complimentary sleeping rooms; most hotels give you one free room night for each 50 rooms that are sold.

NGC Fall Board Meeting Refund

Date:

TO: _____

Enclosed is a check in the amount of \$_____.

As a refund for:	Registration Over-Payment	_____
	Convention Meal	_____
	Tour/Educ. Day	_____
	Registration Cancellation	
	Prior to _____	_____
	Other	_____

COMMENTS:

Fall Board Meeting Chairman

*SAMPLE REGISTRATION FORM for CALL sent by NGC Headquarters
Remove information about check and mailing information before sending to NGC website*

National Garden Clubs, Inc.
20__ Fall Board Meeting
(HOTEL with address)
(DATES)
(THEME, if any)

REGISTRATION FORM

DEADLINE: September ____, 20__

Last Name _____ First Name _____ M.I. _____
Name for badge _____
Address _____
City _____ State _____ Zip _____
Office/Committee _____
Phone _____ E-mail _____

Please check ___ if we can e-mail your acknowledgement. *Be sure you have given your e-mail address.*

REGISTRATION FEE - required for ALL functions

Board Members	\$40.00	_____
Guests/Non-Board Members	\$50.00	_____

MEALS

NOTE: ALL Board Members are expected to purchase the Package Plan *which includes: Friday box lunch and tour, Friday dinner; Saturday breakfast, lunch and Saturday dinner*

Board Member Meal Package Plan with five meals and tour	\$170.00	_____
Guests/Non Board Members		
Friday Tour with box lunch	\$45.00	_____
Friday Dinner and Program	\$45.00	_____
Saturday Lunch and Program	\$35.00	_____
Saturday Dinner and Program	\$60.00	_____

OPTIONAL COMMITTEE MEALS

September 24	Lunch for Finance/PH&E Committees/Organization	\$30.00	_____
	Lunch for Calendar Committee	\$30.00	_____
September 25	Lunch for Executive Committees	\$30.00	_____
	Lunch for Flower Show Committee	\$30.00	_____
	Lunch for Nominating Committee	\$30.00	_____

Late fee after August 30, 2014 - \$40	\$	_____
Total Registration and Meals	\$	_____
TOTAL AMOUNT DUE	\$	_____

_____ **Early Tour** Friday Sept 24 – 10:00 a.m. Check time at registration desk

Please indicate any dietary restrictions due to allergies or for medical reasons

NOTE: No refunds after September ____, 20__ and no Walk-Ins will be accepted.
Check payable to: NGC, Inc., 20__ FBM
Mail Check and Registration Form to: Sally Sunshine, 1000 Garden Street, Fun City, MO 44444-3333, • 123-456-7899 • sally@verizon.net



National Garden Clubs, Inc.

4401 Magnolia Ave
 St. Louis, Missouri 63110-3492
 314-776-7574
 www.gardenclub.org

Speakers Contract

This Speaker's Contract (the "**Agreement**") is set forth and signed on this ____ day of _____, 20__, by and between National Garden Clubs, Inc. ("**NGC**") and _____ ("**Speaker**") for the purpose of establishing terms and conditions for a presentation by the Speaker for the NGC-sponsored program named below and further described in **NGC PROGRAM AND SPEAKER PRESENTATION DETAILS** form included with this contract.

NAME OF NGC PROGRAM:

DATE OF NGC PROGRAM:

MATERIALS

NGC will provide plant material, containers, a workroom and volunteer assistance. A detailed list of all plant material, supplies, containers and other materials required must be supplied to _____ by the Speaker at least _____ weeks prior to event.

TECHNICAL EQUIPMENT

NGC will provide sound equipment, lighting, and staging necessary for the presentation. A list of any special staging requirements is to be detailed and supplied to NGC at least _____ weeks prior to the program. If this deadline is not met, the Convention Chairman cannot guarantee requests.

TRANSPORTATION

NGC will reimburse the cost of either

1. Round-trip coach airfare
2. Mileage at the rate of \$0.____ per mile

LODGING

NGC will provide hotel accommodations as specified by NGC for one on 1 (day/s), (Month) (date), (year).

MEALS

NGC will provide the following meals:

FEE

\$ _____

DOCUMENTATION OF EVENT

NGC reserves the right to document the event with photographs, video, and/or audio and to create complete works or compilations of some or all of Speaker's Presentation in print, electronic, film, video, still photograph or other media. In addition, NGC may retain copies of any materials provided by Speaker to NGC or NGC Program attendees and may retain said copies of such materials in print, electronic, film, video, still photograph or other media. All intellectual materials and copyrighted materials remain the property of the Speaker. Credit will be given to the speaker as the author of any materials used in the publications and on the website of National Garden Clubs, Inc.

INDEPENDENT CONTRACTOR:

The Speaker, its officers, agents and employees (if applicable), in the performance of this Agreement shall act in the capacity of an independent contractor and not as an officer, employee or agent of NGC. The Speaker agrees that it shall take such steps as may be necessary to ensure that any subcontractor or contractor shall be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venture or partner of NGC. NGC shall have no responsibility to pay income, unemployment, withholding, social security, or other taxes related to the payments made under this Agreement. Speaker shall be solely responsible for filing all returns and paying any income, social security, or other tax levied on Speaker with respect to the payments or other consideration tendered to Speaker under this Agreement.

LIABILITY

- (a) Speaker agrees to hold NGC harmless from any loss, claim, damage or liability of any kind involving Speaker, or an employee, officer or agent of the Speaker arising out of or in connection with this Agreement.
- (b) The Speaker is solely responsible for payment of royalty fees, and/or dramatic rights and dramatic musical works and/or performance fees, fees required by unions and similar organizations, and similar costs. The Speaker shall indemnify NGC against any liability or damages, including attorney fees, which may arise as a result of violation of Speaker of copyright laws.

ASSIGNMENT OF CONTRACT

This contract shall not be assignable by the Speaker in whole or in part without the written consent of NGC. This agreement may not be altered or modified in any manner except by mutual written agreement of the parties.

CANCELLATION

The failure of either party, for any reason whatsoever, to comply with any covenant or obligation herein contained shall be cause for the other party to refuse to perform and/or to suspend performance or suspend and retrieve payment, free of any obligation, except: In the event that performance of any of the covenants of this Agreement by either party shall be prevented by Acts of God, morbidity, physical disability, acts or regulations of public authorities or labor unions, labor difficulties, strikes, civil tumults, war, epidemic, interruption or delay of transportation service or any cause beyond their or its reasonable control, either party may cancel the balance of the engagement upon notice to the other party. In the event that such a cancellation takes place, payments made or to be made to the Speaker by NGC shall be reimbursed to the extent that the Speaker has not incurred any out-of-pocket expenses or other engagement-related commitments of those funds.

GOVERNING LAW

This Agreement, and any disputes arising hereunder, shall be governed in accordance with the laws of the State of Missouri and shall be deemed to have been executed and entered into within the State of Missouri. If any term or provision of this Agreement shall be found to be illegal or unenforceable, then, notwithstanding such provision, the remainder of this Agreement shall remain in full force and effect and such term or provision shall be deemed stricken.

SIGNATURES

Those signing this Agreement represent that they have all necessary authority to sign for the persons, agency, and/or corporations that they represent.

SPEAKER

NATIONAL GARDEN CLUBS, INC.

Name of individual or entity

BY: _____
Signature

BY: _____
Signature

TITLE: _____
(If party is an entity)

TITLE: _____

DATE: _____

DATE: _____

Please sign and return both copies of the contract and **SPEAKER PRESENTATION DETAILS** form as soon as possible. The agreement will be countersigned and a copy promptly returned to you.

Forward the signed contract to:

For additional information please contact:

NGC PROGRAM AND SPEAKER PRESENTATION DETAILS

SPEAKER NAME AND CONTACT INFORMATION

Name:
 Address:
 Telephone:
 Cell:
 Fax:
 Email:

DESCRIPTION OF NGC PROGRAM

NGC Program Name, Purpose and Description:

NGC Program Location:

LOCATION AND DETAILS OF SPEAKER'S PRESENTATION

Location:
 Date:
 Time:
 Length of Program:
 Approximate Size of Audience:

TITLE AND DESCRIPTION OF SPEAKER'S PRESENTATION

Title:
 Description:

Volunteer Assistants Needed? YES_____ NO_____

MATERIALS TO BE PROVIDED BY NGC

MATERIALS TO BE PROVIDED BY SPEAKER

EQUIPMENT TO BE PROVIDED BY NGC – Please indicate your choice

Microphone: **Stationary**_____ **Portable**_____ **Lavalier**_____

Projector (type):
Lectern _____ **Podium**_____

Audio/Video:
Other:

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

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)	
	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 type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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		
	-	

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).

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 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

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, 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

VENDOR CONTRACT

National Garden Clubs, Inc. _____th Fall Board Meeting

DATE: _____

Place: (Hotel, City and State)

In order to present a quality Fall Board Meeting, the following will apply:

1. Commercial vendors will sell no foods.
2. Vendors will NOT sell items identical to those being sold by NGC or _____ (host).
3. Smoking is NOT permitted by order of the Fire Marshal.
4. Vendors will refrain from consuming alcohol during sales hours.
5. FBM committee will disallow items of suggestive or questionable nature.
6. Vendors are responsible for collecting and remitting (state) _____ sales tax.
7. Vendors will refrain from early breakdown/ dismantling of booths.
8. Booths MUST be manned during published sales room hours. (8:00 a.m. to 5 p.m.)
9. Vendors must provide a copy of their Business License, _____ (state) Sales Tax permit and a copy of their Certificate of Liability Insurance upon request. Please have these papers with you and available for inspection PRIOR to set up.
10. Vendors are to provide their own change funds, cash boxes, wrapping materials, bags, receipt books and other items needed for transacting business.
11. Vendors are responsible for any storage fees incurred at hotel prior, during and immediately following Convention.

BOOTHS

Location: _____ (Room name; Floor; Hotel name; City and State)

Booth includes: 6' table, draped, 2 chairs and a sign.

Booth size: 10'x10' (\$500.00 each), 8'x10' (\$400 each), corner booth \$30.00 extra

EXTRAS

Table(s), telephone and electricity: exact prices/ charges available four months prior to event

SET-UP / UNLOADING INFORMATION

Vendors may begin setup from 8:00 am on _____ (day and date)

Sales room opens at 5:00 p.m. on _____ (date). Booths should be finished prior to 5:00 p.m.

SECURITY

The _____ Room (name) will be secured and locked after hours. Neither NGC, _____ (state federation) nor the _____ (hotel) assumes any liability for theft, breakage, loss or damages.

BREAKDOWN INFORMATION

Vendors may dismantle on _____ (day) _____ (date) _____ (time)

BOOTH RESERVATIONS

By remitting deposit with the VENDOR CONTRACT REGISTRATION FORM, you agree to conditions and terms as set forth above. **Booths will be assigned in order of when reservations and deposits are received.**

VENDOR CONTRACT REGISTRATION FORM

Name _____

Street Address _____

City, State, Zip _____

Phone w Area Code_(_____)_____ Email _____

Business Name (As you want to be listed)_____

Special Needs (Electricity, wall, corner, etc.)_____

Please list type of merchandise to be sold_____

Deposit of ½ booth fee is due with this contract, balance due by_____ (date)

Make checks payable to: _____ (year) Fall Board Meeting

Mail remittance to: _____ (Vendor Chairman name)

_____ (address)

Deadline for reservations:_____ (date) No refunds after: _____ (date)

Last Name _____ First Name _____

Voluntary Medical Emergency Form
This form will be shredded at the end of the meeting
And will only be shared with emergency workers.

In case of emergence please notify

Name _____ Relationship _____

Daytime Phone _____ Evening Phone _____

Current Medications _____

Food or Medical Allergies _____

Do you have medical insurance? Yes _____ No _____ Are you diabetic? Yes _____ No _____

I am rooming with _____

Please sign to authorize medical treatment in the case of an emergency

Your Name _____

Address _____