

Reeves Regional Health Annual Health Fair

2349 Medical Drive

Pecos, Texas 79772

Office: (432) 447-3551 x 1120

Fax: (432) 447-5434

Dear Health and Human Service Professional:

WE ARE BACK! The *Thirty-third (33rd) Annual Health Fair sponsored by Reeves Regional Health (previously known as the Reeves County Hospital District Health Fair) is scheduled for Saturday, April 1, 2023 – No Foolin’!* **The Health Fair will be from 8:00 a.m. to 1:00 p.m. at Reeves Regional Health, 2349 Medical Drive in Pecos.** Our new replacement facility is now open and is located behind and across the street from our former hospital. It is easiest to access the front parking lots either off of Texas Street onto Schmidt or from Stafford turn onto Medical Drive. We apologize for the short notice but we wanted to feel assured Covid numbers would continue to decline and that everyone would be safe to attend. **We are excited to be back and offering our wonderful Health Fair once again and to showcase our new hospital!**

We would like for you to be a part of this year’s Health Fair. The Health Fair Committee’s objective for the Health Fair is to involve all community health-related and human service organizations in offering education and health screenings to families and individuals who otherwise might not avail themselves of routine health care and human services information, and to foster better working relationships among area agencies and organizations in an effort to provide a better health program for people in Reeves County.

In an effort to reduce the number of no show exhibits, we are requiring a \$50.00 deposit to hold your booth space. **The check will be returned to you at the close of the Health Fair if you stay for the entire designated time.** In the event of a last minute emergency, your check will be returned to you with advance notification (24 hours minimum) provided to Venetta Seals (contact numbers below). However, your check will not be returned for failure to show with no notification, failure to provide notification of cancellation, or failure to keep your booth open until 1:00 p.m.

A blood package will be offered during the Health Fair at a reduced price of \$35.00. The regular price of this package is over \$900.00. The blood package includes a Complete Blood Count, Comprehensive Metabolic Profile, Cardiac Risk Profile, and Thyroid Profile. **This is a fasting test** – preferably 8 or more hours. If you choose to take advantage of this tremendous savings, a special time has been set aside for volunteers and vendors. **Local volunteers and vendors will be drawn on the following days and times: Tuesday through Thursday, March 28th – March 30th, 7:00 – 7:30 am ONLY.** Out of town vendors only will be drawn from 7:15 – 7:45 a.m. the morning of the Health Fair in the hospital laboratory. **Local vendors are asked to include the names of their workers that will have their blood drawn early along with the registration form in the comments section.** If names are not turned in prior to the person(s) arriving to have their blood drawn **they will not be drawn that day.** The names that are turned in **must be working at the Health Fair the day of the Health Fair.** **Please turn in names by Thursday, March 23rd, 2023.** Also available is the EKG for \$10.00 and the PSA (Prostate Serum Antigen) for men for \$25.00. Cash or checks only – no credit/debit cards will be accepted on Health Fair day. **Masks will be required while having your blood drawn.**

Exhibitors may provide a door prize(s) that you can give away at your booth the day of the Health Fair. ***The more interactive your booth the more people will want to stop by!*** A free breakfast is provided to all and a BBQ lunch will be available for \$5.00. If you have any questions, ideas, or suggestions please feel free to contact Venetta Seals at (432) 447-3551, ext. 6350 or cell: 940-5513 or email: (rhcacares@reevesregional.com).

We look forward to a successful Health Fair ... and we want you to be a part of it! Please share with anyone or agency that you feel would like to join us!

Sincerely,

Reeves Regional Health - Annual Health Fair Committee

Reeves Regional Health 33rd Annual Health Fair
Saturday, April 1, 2023

Registration Form
Registration form and check are due by March 20, 2023

NAME OF AGENCY: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

CONTACT PERSON: _____

PHONE: _____ FAX: _____ E-MAIL Address: _____

We would like to participate in the Health Fair with a:

Demonstration **Display/Exhibit** **Screening**

Description on Demonstration, Display, or Screening: _____

No. of electrical plugs: _____ ***You must provide your own extension cords*** if electricity is required. Type of equipment to be used: _____

No. of 6 ft. tables: _____ No. of chairs: _____ Total space needed: _____

The Health Fair Committee will set up and cover tables and provide a banner for you unless you check one or both below.

I will provide my own table covering I will provide my own banner

Registration deadline is March 20, 2023. Please make checks (\$50.00) payable to Reeves Regional Health - Health Fair and please mail registration forms with checks to:

Reeves Regional Health
Attention: Venetta Seals – Health Fair
2349 Medical Drive Pecos, Texas 79772

Phone: (432) 447-3551 x 1120

Fax: (432) 447-5434

Cell: (432) 940-5513

If you need to contact me on Health Fair Day please do so on my cell as I am not in my office that day!!!!

Comments and/or Names of worker: _____

**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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Reeves County Hospital District

2 Business name/disregarded entity name, if different from above
Reeves Regional Health

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.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ **Government (Public Hospital District)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3).
Exempt payee code (if any) **3**
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
2349 Medical Drive

6 City, state, and ZIP code
Pecos, Texas 79772

7 List account number(s) here (optional)

Requester's name and address (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

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or

Employer identification number

7	5	-	2	3	0	1	8	0	1
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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 ▶ *Timothy A Cooper* Date ▶ *11/14/2022*

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-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.