

2024

PARTNERSHIP & EXHIBIT OPPORTUNITIES



**INCREASE
REACH
THROUGH
AFFILIATION
WITH OSHP.**



**OBTAIN
DIRECT
ACCESS TO
OSHP
MEMBERS.**



**NETWORK
WITH THE
HEALTH-
SYSTEM
PHARMACY
COMMUNITY.**

By becoming an OSHP Partner or Exhibitor, you will help to further educate and develop the health-system pharmacy community.

OSHP provides you the opportunity to become a part of the health-system pharmacy community which promotes the professionalism of its members. OSHP can connect you with individuals and organizations that are at the forefront of knowledge and expertise, while helping you raise your organization's profile and awareness with this community.



ABOUT OSHP

OSHP is a professional pharmacy organization which advocates excellence in pharmacy practice.

OSHP membership consists of practicing pharmacists, pharmacy technicians, pharmacy residents, pharmacy students, and pharmaceutical representatives.

Our Membership is involved in:

- Hospitals
- Home infusion
- Long term care
- Ambulatory care clinics
- Retail pharmacies
- Managed care



5 Reasons You Should Support OSHP!

- 1 Build brand name recognition
- 2 Provide product education
- 3 Gain industry-wide exposure
- 4 Network with decision makers
- 5 Identify opportunities for your company

OUR MISSION

To promote the professional development of pharmacists and the advancement of pharmacy practice in Oregon through education, collaboration and advocacy.

OUR VISION

Oregon will be a model of excellence for the practice of health system pharmacy.



January 2024

Dear Potential Partner/Exhibitor,

The Board of Directors of the Oregon Society of Health-System Pharmacists invites you to participate as a Partner or Exhibitor for the OSHP Annual Seminar on April 26-28, 2024 at Sunriver Resort in Sunriver, Oregon and the Fall Seminar in November 2024 in Portland, Oregon.

We anticipate 300 pharmaceutical professionals will attend events, representing hospitals, home infusion, long term care, ambulatory care clinics, and retail pharmacies throughout Oregon and S.W. Washington. OSHP Members represent more than 40 hospitals in Oregon, many of which are clinical pharmacists and administrative leaders at their institutions. Both events are in accordance with ACCME guidelines, and the exhibit area will be in a separate location from the area where the educational sessions will take place.

Partnering and exhibiting in OSHP's seminars is also a great opportunity to meet one-on-one with OSHP pharmacists and pharmacy leaders. This is an excellent business opportunity and a way to show your support for local pharmacists. Don't miss this unique chance to introduce your products or services to this important buying group.

On behalf of the Industry Relations Committee and the OSHP Board of Directors, we would like to thank you in advance for your continued support of OSHP.

Sincerely,

Stacey Barrett
OSHP Association Manager
503.255.2973 | manager@oshp.org
OSHP Tax ID# 23-7025546

Oregon Society of Health-System Pharmacists
503.255.2973 | sbarrett@oshp.org
OSHP Tax ID# 23-7025546

PARTNER OPPORTUNITIES

	Platinum \$9,990	Gold \$4,990	Silver \$2,490
Recognition at all Events	Included	Included	Included
Logo on OSHP Communications	Included	Included	Included
Website Rotating Banner Ad for one year	Included	Included	
5 minute presentation at (1) OSHP Board Meeting	Included		
Membership (Up to 2)	2	1	
Career Center Posting (Up to 10 per year)	10	5	1
5 minute presentation at (2) Chapter Meetings	Included		
OSHP Annual Seminar <ul style="list-style-type: none"> • Introduction of ASHP Presenter • Ad in onsite program • Listed as Partner on event materials • Exhibit Booth • Introductions made by OSHP staff to support lead generation 	Included Full Page Ad Included Included Included	Half Page Ad Included Included	1/4 Page Ad Included Included
OSHP Fall Seminar <ul style="list-style-type: none"> • Introduction of 1st Presenter • Ad in onsite program • Listed as Partner on event materials • Exhibit Booth • Introductions made by OSHP staff to support lead generation 	Included Full Page Ad Included Included Included	Half Page Ad Included Included	1/4 Page Ad Included

ANNUAL SEMINAR

The Annual Seminar is a weekend long event held in the spring. This event provides 15+ hours of continuing education, Fun Run, poster session, awards banquet and a silent auction to benefit our student scholarship fund. There is an opportunity to visit an array of pharmaceutical exhibits in between sessions.

FALL SEMINAR

The Fall Seminar is a daylong event held in Portland. A variety of clinical education programs are offered that appeal to pharmacists practicing in ambulatory and hospital settings alike. There is also a student specific track, which provides information about residency programs and career opportunities for new graduates. Students can obtain specific information about residency programs in Oregon at the residency showcase exhibit. Of course throughout the day it is possible for attendees to spend time visiting an array of exhibits on display by local pharmaceutical representatives.

A LA CARTE OPPORTUNITIES

Annual Seminar

Investment

Industry Exhibit

\$1,200 member
\$1,500 non-member

Friday Welcome Reception

\$1,500

Saturday Lunch

\$2,500

Saturday Awards Dinner

\$5,000

Sunday Breakfast

\$1,000

Saturday Break

\$500

President's Council Breakfast - 5 minute presentation (Sunday)

\$1,000

Student Program Sponsor

\$1,000 each

Fall Seminar

Investment

Industry Exhibit

\$1,000 member
\$1,300 non-member

Residency Showcase Exhibit

\$300

Lunch

\$2,000

Break

\$500

Student Program Sponsor

\$1,000 each

Digital

Investment

Rotating Logo on Website

Rotating logo with link on home page for 12 consecutive months.

\$1,000

Rotating Banner Ad on Website

Rotating Banner Ad will be displayed on OSHP website. Advertisement does not indicate endorsement by OSHP.

1 month: \$250
4 months: \$800
12 months: \$1,200

ANNUAL SEMINAR TENTATIVE SCHEDULE

Friday, April 26, 2024

1:00 – 6:00 pm Registration Open

2:00 – 2:50 pm (General Session)

3:00 – 3:50 pm (General Session)

3:50 – 4:10 pm Break

4:10 – 5:00 pm (General Session)

5:00 – 6:00 pm Welcome Reception with Exhibitors

Saturday, April 26, 2024

7:15 am – 5:30 pm – Registration Open

7:30 – 8:00 am – Continental Breakfast with Exhibits

8:00 – 8:50 am (General Session)

8:50 – 9:20 am Break with Exhibitors

9:20 – 10:10 am (General Session)

10:20 – 11:20 am (ASHP - General Session)

11:25 – 12:20 pm – Poster Session

Annual Seminar Schedule Continued...

11:50 am - 12:20 pm - OSHP Section Networking

11:25 am - 12:30 pm - Exhibits Open

12:30 - 1:30 pm- Networking Lunch

3:50 - 4:10 pm Break

1:40 - 2:30 pm (Track A)

1:40 - 2:30 pm (Track B)

2:35 - 3:25 pm (Track A)

2:35 - 3:25 pm (Track B)

3:30 - 4:20 pm (Track A)

3:30 - 4:20 pm (Track B)

4:40 - 5:40 pm - Fun Run

6:00 - 8:00 PM - Awards Celebration

Annual Seminar Schedule Continued...



Sunday, April 28, 2024

7:30 - 8:15 AM - Breakfast

7:00 - 8:00 AM - President’s Council Breakfast

8:00 - 10:00 am (Clinical Pearls Session)

10:10 - 11:00 am (General Session)

11:00 - 11:10 am - Break

11:10 am - 12:00 pm (General Session)

12:00 pm - End of Seminar

Fall Seminar Tentative Schedule

November 2024
7:30 - 8:15 AM - Registration & Continental Breakfast
7:30 am - 1:30 pm — Industry and Residency Exhibit Showcase
8:15 - 9:15 am — General Session
9:15 - 9:35 am - Break with Industry and Residency Exhibit Showcase
9:35 - 10:35 am - Track A
10:35 - 10:55 am - Break with Industry and Residency Exhibit Showcase
10:55 - 11:55 am - Track B
11:55 am - 1:20 pm - Lunch
2:25 - 3:25 pm - General Session & Student Session
2:25 - 3:25 pm - General Session & Student Session
3:25 - 3:40 pm - Break
3:40 - 4:55 pm - General Session
4:55 pm - Fall Seminar Concludes

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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. Oregon Society of Health-System Pharmacists	
2 Business name/disregarded entity name, if different from above	
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) ► Exempt - 501(c)	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. 9600 SW Oak Street, Ste 565	Requester's name and address (optional)
6 City, state, and ZIP code Tigard, Oregon 97223	
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								
2	3		-	7	0	2	5	5
							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 ►

Stacey Barrett

Date ► *1.31.2023*

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.



2024 OSHP Partnership & Exhibit Agreement

Company (exactly as it should appear on all materials): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person (for registration, exhibit, social media, and ad deadlines): _____

Phone: _____ Email: _____

Contact Person (for payment): _____

Phone: _____ Email: _____

Partner Package Selection

☐ Platinum - \$9,990 ☐ Gold - \$4,990 ☐ Silver - \$2,490

Seminar Exhibit Selection

- ☐ Annual Seminar Industry Exhibit - \$1,200 member/\$1,500 non-member
- ☐ Fall Seminar Industry Exhibit - \$1,000 member/\$1,300 non-member
- ☐ Fall Seminar Residency Exhibit - \$300

Annual Seminar a la carte Sponsorship

- | | |
|--|---------|
| <input type="checkbox"/> Friday Welcome Reception | \$1,500 |
| <input type="checkbox"/> Saturday Lunch | \$2,500 |
| <input type="checkbox"/> Saturday Awards Dinner | \$5,000 |
| <input type="checkbox"/> Sunday Breakfast | \$1,000 |
| <input type="checkbox"/> President's Council Breakfast | \$1,000 |
| <input type="checkbox"/> Student Program Sponsor | \$1,000 |
| <input type="checkbox"/> President Council Lunch | \$1,000 |
| <input type="checkbox"/> Break | \$500 |

Fall Seminar a la carte Sponsorship

- | | |
|--|---------|
| <input type="checkbox"/> Lunch | \$2,000 |
| <input type="checkbox"/> Student Program Sponsor | \$1,000 |
| <input type="checkbox"/> Break | \$500 |

Digital Sponsorship

- | | |
|--|--|
| <input type="checkbox"/> Rotating Logo on Website | \$1,000 |
| <input type="checkbox"/> Rotating Banner Ad on Website | <input type="checkbox"/> 1 month: \$250 <input type="checkbox"/> 4 months: \$800 <input type="checkbox"/> 12 months: \$1,200 |

Total Amount Due \$ _____

Requirements and Terms:

- OSHP reserves the right to change or eliminate events.
- All payments due must be paid in full prior to printing of event materials.
- All Partnerships, Exhibits and Sponsorships are sold on first-come, first-served basis.
- *By submitting the Agreement form to the OSHP, I understand and agree to the provisions and terms and conditions as listed on this agreement and am authorized to execute this Agreement on behalf of my company.*

METHOD OF PAYMENT:

☐ **Check** (payable to OSHP) -OR- ☐ **Credit Card** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover -OR- ☐ Invoice

Card #: _____ Exp. Date: _____ Amount Due: _____

Cardholder Name: _____ Signature: _____ CVV: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

REGISTER ONLINE at www.oshp.org | Questions, contact the OSHP Office at manager@oshp.org