



February 7, 2025

Dear Industry Professional,

The Industry Relations Committee (IRC) and Board of Directors of the Oregon Society of Health-System Pharmacists (OSHP) invite you to participate as an exhibitor at the **Northern Chapter Meeting on March 18, 2025, in Portland, Oregon**. This event provides a valuable opportunity to connect with our members in an intimate setting and showcase your products and services.

#### Exhibit Details

- **What's Included:** Exhibit-only registration for one company representative, a table (in accordance with ACCME guidelines), and access to food and beverages provided at the meeting.
- **Sponsorship Cost:** \$500 per meeting
- **OSHP Tax ID:** 23-7025546

#### Event Information

- **Event:** OSHP Northern Chapter Meeting
- **Date & Time:** March 18, 2025 | 6:00 – 7:30 PM PST
- **Location:** Joseph R. Robertson Collaborative Life Sciences Building, Room 2S060, Main Pharmacy Lecture Hall
- **Presentation Topic:** *Update on anti-obesity medications and management*

We anticipate approximately 25 clinical pharmacists and pharmacy leaders in attendance, representing more than 40 hospitals and health systems across Oregon. Our members are active in ambulatory care, managed care, population health, academia, and community pharmacy, with many holding leadership roles and earning recognition at both local and national levels.

Your participation helps support OSHP's mission, and we greatly appreciate your continued involvement. Please feel free to reach out if you have any questions. We look forward to seeing you at the event!

Sincerely,

Stacey Barrett  
OSHP Executive Director  
[manager@oshp.org](mailto:manager@oshp.org)

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<p><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.)</p>	<p><b>2</b> Business name/disregarded entity name, if different from above.</p>
<p><b>Oregon Society of Health System Pharmacists</b></p>	
<p><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.</p> <p><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</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .</p> <p><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.</p> <p><input checked="" type="checkbox"/> Other (see instructions) <span style="float: right;"><b>Exempt 501(c) 6</b></span></p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: center;"><i>(Applies to accounts maintained outside the United States.)</i></p>
<p><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"/></p>	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <p><b>6</b> City, state, and ZIP code</p>
<p><b>6000 SW Oak Street, Suite 565</b></p> <p><b>Tigard OR 97223</b></p>	<p>Requester's name and address (optional)</p>
<p><b>7</b> List account number(s) here (optional)</p>	

**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. See also *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**

2	3	-	7	0	2	5	5	4	6
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## 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.

**Sign  
Here**

Signature of  
U.S. person

Lori Naylor

Date 08/21/24

## 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