

# OREGON SOCIETY OF HEALTH-SYSTEM PHARMACISTS

# 2026

# PARTNERSHIP & EXHIBIT OPPORTUNITIES



## INCREASE REACH THROUGH AFFILIATION WITH OSHP.



## OBTA N DIRE CT ACCE SS TO OSHP MEM BERS.



A photograph showing a group of people at a networking event. In the foreground, a woman with long dark hair, wearing a black top and a black quilted handbag, is looking at a smartphone. Behind her, a woman with long dark hair, wearing a floral top and white pants, is engaged in conversation with a man in a dark long-sleeved shirt and jeans. The background features a wooden wall with framed pictures and a blue tablecloth on a table.

# 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 2026

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 24-26, 2026 at Sunriver Resort in Sunriver, Oregon and the Fall Seminar in November, 2026 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 Executive Director  
503.255.2973 | [manager@oshp.org](mailto:manager@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"> <li>Introduction of ASHP Presenter</li> <li>Ad in onsite program</li> <li>Listed as Partner on event materials</li> <li>Exhibit Booth</li> <li>Introductions made by OSHP staff to support lead generation</li> </ul>	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"> <li>Introduction of 1st Presenter</li> <li>Ad in onsite program</li> <li>Listed as Partner on event materials</li> <li>Exhibit Booth</li> <li>Introductions made by OSHP staff to support lead generation</li> </ul>	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 \$1,600 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 Lunch- 5 minute presentation (Friday)	\$1,000
Student Program Sponsor	\$1,000
Fall Seminar	Investment
Industry Exhibit	\$1,000 member \$1,500 non-member
Residency Showcase Exhibit	\$300
Lunch	\$2,000
Breakfast	\$1,000
Break	\$500
Digital	Investment
<b>Rotating Logo on Website</b> Rotating logo with link on home page for 12 consecutive months.	\$1,000
<b>Rotating Banner Ad on Website</b> 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 24, 2026**

**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 25, 2026**

**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 26, 2026**

**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 2026**

**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**

Request for Taxpayer  
Identification Number and CertificationGo 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.

Print or type. See <b>Specific Instructions</b> on page 3.	1 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.)						
	2 Business name/disregarded entity name, if different from above.						
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one 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 type="checkbox"/> Other (see instructions) _____						
3b 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 _____							
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)						
6 City, state, and ZIP code							
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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
-		
<input type="text"/>	<input type="text"/>	<input type="text"/>
-		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>or</b>		
Employer identification number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
-		
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		

**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	<i>Stacey Barrett</i>					
		Date <i>01/01/2025</i>					

**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