



Dear Potential Exhibitor,

The Board of Directors of the Oregon Society of Health-System Pharmacists invites you to participate as an Exhibitor at the OSHP Fall Seminar on November 10, 2018 at the OHSU Collaborative Life Sciences Building in Portland, Oregon. In accordance with ACCME guidelines, the exhibit area will be in a separate location from the area where the educational sessions will be taking place.

Our expert lineup of speakers will make this meeting a memorable event. We expect this meeting will be well attended by approximately 200 attendees including directors of pharmacy, assistant directors of pharmacy, clinical supervisors, staff pharmacists, pharmacy students and pharmacy technicians. The exhibit tables will be open Saturday, November 10th from 7:00 am – 1:30 pm.

Exhibit Options:

- **Industry Exhibit:** 8 ft. skirted table exhibit booth \$900 OSHP Mbr/\$1000 Non Mbr
- **Industry Exhibit with access to Industry Networking Session:** \$1400 OSHP Mbr/\$1700 Non Mbr
- **Residency Exhibit:** \$250

We are bringing together Directors of Pharmacy, Clinical Managers and other decision makers from the state of Oregon to take part in a unique forum designed to educate and to give participating exhibitors a semi-private one-on-one opportunity. Suppliers will have a dedicated time to visit Oregon Pharmacy Directors in an Industry Networking Session. In order to participate, exhibitors must also purchase an exhibit table.

Partnering and participating in OSHP's Seminars is also a great opportunity to meet one-on-one with OSHP pharmacists. 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 Council and the OSHP Board of Directors, we would like to thank you in advance for your continued support of OSHP.

Sincerely,

Stacey Barrett
Oregon Society of Health-System Pharmacists
Association Manager
503.255.2973
OSHP Tax ID# 23-7025546



OSHP 2018 Fall Seminar

EXHIBIT SPACE & SEMINAR SPONSORSHIP AGREEMENT

November 10, 2018

Company Name (exactly as it should be listed for Seminar purposes) _____

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

EXHIBIT/SPONSOR OPPORTUNITIES

Your exhibit registration includes a skirted display space, one chair and one lunch ticket. This is a 'table top' show, which means there is not draped off space for each exhibit, instead each exhibitor has the table space to display their items. Some exhibitors may have tabletop displays, while others simply use the table to display literature and/or products. Exhibit registration includes one lunch ticket. Booth personnel may purchase additional lunch tickets; however, each exhibit space is limited to up to two (2) booth personnel.

Industry Exhibit Space Member — \$900 Non-Member — \$1000 OSHP Member _____ \$ _____

Exhibiting Representative _____

Exhibiting Representative _____

Industry Exhibit with Access to Industry Networking Session Member — \$1400 Non-Member — \$1700 \$ _____

Exhibiting Representative (s) during Fall Seminar _____

Exhibiting Representative (s) during Fall Seminar _____

Exhibiting Representative for Industry Reverse Trade Show _____

Residency Exhibit Space \$250 \$ _____

Exhibiting Representative _____

Exhibiting Representative _____

Saturday Continental Breakfast \$600 \$ _____

Saturday Lunch \$1000 \$ _____

Saturday AM & PM Breaks \$500 \$ _____

Additional Lunch Tickets _____ @ \$35 each Name(s) _____ \$ _____

TOTAL _____

SPECIAL NEEDS

If any exhibit personnel have any special requirements such as dietary restrictions, handicap access, etc. that would necessitate advanced planning on our part, please let us know here: (include name) _____

PAYMENT OPTIONS (IN US FUNDS)

Check, Payable to OSHP Visa/MasterCard American Express Discover

Card # _____ Exp. Date _____ Amount \$ _____

Name on Card _____ Signature _____

Card Billing Address _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

RETURN FORM AND PAYMENT TO: OSHP • 147 SE 102ND AVE. • PORTLAND, OR 97216 • FAX: 503.253.9172

OSHP Tax ID #23-7025546

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. 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. 147 SE 102nd Ave.	Requester's name and address (optional)
6 City, state, and ZIP code Portland, OR, 97216	
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.

Social security number									

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.

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 ▶	Date ▶ 8/10/18
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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.*