



Dear Potential 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 27-29, 2018 at Salishan Spa & Golf Resort, Gleneden Beach, OR and the Fall Seminar in the Fall of 2018 in Portland, Oregon.

We anticipate 500 pharmaceutical professionals will attend both 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.

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.

If you are interested in becoming an event sponsor, there are many ways to support OSHP and the Seminars. Available sponsorships are listed in the enclosed 2018 Exhibit & Partnership Agreement.

The Exhibit & Partnership Agreement is enclosed and should be submitted to OSHP with payment to OSHP, and mailed to 147 SE 102nd Avenue, Portland, Oregon 97216.

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,

A handwritten signature in black ink that reads "Stacey Barrett". The signature is written in a cursive, flowing style.

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



Oregon Society of Health-System Pharmacists



2018 EXHIBIT & PARTNERSHIP AGREEMENT



By becoming an OSHP Partner, 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.

INCREASE reach through affiliation with OSHP.

OBTAIN direct access to OSHP members.

INTRODUCE new products and services to key leaders in the field.

NETWORK with the health-system pharmacy community.

ACHIEVE public recognition as an organization that's making a difference in the pharmaceutical industry.

The Oregon Society of Health-System Pharmacists 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 Identify opportunities for your company
- 5 Network with decision makers

Gain visibility and show your support for the industry and OSHP by partnering and exhibiting at the Annual Seminar and Fall Seminar. If you are looking to promote your products or services to pharmaceutical professionals, this is your opportunity!

2018 Annual Seminar

April 27-29, 2018

Salishan Spa & Resort – Gleneden Beach, OR

2018 Fall Seminar

October/November 2018

Portland, OR

We anticipate through both events that approximately 500 pharmaceutical professionals representing hospitals, home infusion, long term care, ambulatory care clinics, and retail pharmacies are expected to attend. This year's return to the format of breakout sessions covering a wide variety of topics and presenters is sure to be a hit!

OSHP PARTNERSHIP PACKAGE BENEFITS & OPPORTUNITIES

Platinum, Gold and Silver packages receive a complimentary listing and link on OSHP's website in the "Industry Partners" section and in the "Events/Continuing Education" section for the Annual and Fall Seminar, special recognition at each seminar (special booth signage, meeting graphics and attendee packet materials), and special recognition in OSHP's Annual and Fall Seminar Brochure and one Associate Membership for 1 Year*

PLATINUM PACKAGE - \$5,000: In addition to the benefits listed above, you will also receive PLATINUM Package recognition, one complimentary booth and attendee registration at each seminar, two complimentary lunches at each seminar, premium booth space, and choice of exhibits for 2 chapter meetings (Southern/Northern).

GOLD PACKAGE - \$4,000: In addition to the benefits listed above, you will also receive GOLD Package recognition, one complimentary booth and attendee registration at each seminar, two complimentary lunches at each seminar, premium booth space, and choice of exhibits for 1 chapter meetings (Southern/Northern).

SILVER PACKAGE - \$3,000: In addition to the benefits listed above, you will also receive SILVER Package recognition, one complimentary lunch and booth space at each seminar.

Exhibits — OSHP extends this invitation to participate to all of the pharmacy industry. The exhibit area for both events are 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. 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. Additional booth personnel must be registered; however, each exhibit space is limited to up to two (2) booth personnel registrations.

Partnership Level	Partner Banner on OSHP website	Complimentary listing and link on OSHP website	Complimentary Booth at each Seminar	Complimentary Lunches at each Seminar	Primary booth space	Recognition in Seminar Brochures	Recognition at each seminar	Complimentary Attendee Registration at each Seminar	Exhibit at Chapter Meeting	1 Year OSHP Membership
Platinum \$5,000	✓	✓	✓	2	✓	✓	✓	1	2	✓
Gold \$4,000		✓	✓	2	✓	✓	✓	1	1	✓
Silver \$3,000		✓	✓	1	✓	✓	✓			✓

OSHP ADDITIONAL INDIVIDUAL PARTNERSHIP OPPORTUNITIES

ANNUAL SEMINAR

Saturday Lunch Sponsor	\$1000
Saturday Dinner Sponsor	\$1500
Sunday Breakfast Sponsor	\$750
Friday Reception Sponsor	\$600
Saturday Continental Breakfast	\$600
Break Sponsor	\$500

FALL SEMINAR

Saturday Lunch	\$1500
Saturday Continental Breakfast	\$600
Saturday AM & PM Breaks	\$500

EXHIBIT SPACE ONLY

Exhibit Space at Annual Seminar	\$1350
Exhibit Space at Fall Seminar	\$1000

CHAPTER MEETING EXHIBIT ONLY

Northern Chapter	\$400 per meeting
Southern Chapter	\$400 per meeting
Technician Chapter	\$400 per meeting

If you are interested in a unique partnership not listed here, we welcome your ideas! Call the OSHP office to discuss.

**If contract is received prior to going to print.*

Oregon Society of Health-System Pharmacists

2018 EXHIBIT SPACE & SEMINAR PARTNERSHIP AGREEMENT

OSHP Tax ID #23-7025546

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

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Partnership Packages

1. PLATINUM PARTNERSHIP

Platinum Package — \$5,000:

(1) Annual Seminar 2018 Exhibit Exhibitor Representative(s): _____

(1) Fall Seminar 2018 Exhibit Exhibitor Representative(s): _____

(2) Chapter Meeting Exhibit(s) — Please Select Two:

2018 Winter: Southern Chapter Northern Chapter

2018 Spring: Southern Chapter Northern Chapter

2018 Summer: Southern Chapter Northern Chapter

2018 Fall: Southern Chapter Northern Chapter

#1 TOTAL _____

2. GOLD PARTNERSHIP

Gold Package — \$4,000:

(1) Annual Seminar 2018 Exhibit Exhibitor Representative(s): _____

(1) Fall Seminar 2018 Exhibit Exhibitor Representative(s): _____

(1) Chapter Meeting Exhibit — Please Select One:

2018 Winter: Southern Chapter Northern Chapter

2018 Spring: Southern Chapter Northern Chapter

2018 Summer: Southern Chapter Northern Chapter

2018 Fall: Southern Chapter Northern Chapter

#2 TOTAL _____

3. SILVER PARTNERSHIP

Silver Package — \$3,000:

(1) Annual Seminar 2018 Exhibit Exhibitor Representative(s): _____

(1) Fall Seminar 2018 Exhibit Exhibitor Representative(s): _____

#3 TOTAL _____



Individual Opportunities

4. CHAPTER MEETING EXHIBITS

Northern Chapter — \$400 each — Please Select: \$ _____
 Winter Spring Summer Fall

Southern Chapter — \$400 each — Please Select: \$ _____
 Winter Spring Summer Fall

Technician Chapter — \$400 each — Please Select: \$ _____
 Winter Spring Summer Fall

#4 TOTAL _____

5. ANNUAL SEMINAR OPPORTUNITIES

Industry Exhibit Space Member — \$1000 Non-Member — \$1350 OSHP Member _____ \$ _____
 Exhibiting Representative _____
 Exhibiting Representative _____

Friday Reception \$600 \$ _____

Saturday Continental Breakfast \$600 \$ _____

Saturday Lunch \$1000 \$ _____

Saturday Break \$500 \$ _____

Saturday Dinner \$1000 \$ _____

Sunday Breakfast \$750 \$ _____

Saturday Dinner Tickets _____ @ \$65 each Name(s) _____ \$ _____

Saturday Lunch Tickets _____ @ \$40 each Name(s) _____ \$ _____

Special Needs: _____

#5 TOTAL _____

6. FALL SEMINAR OPPORTUNITIES

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

Residency Exhibit Space \$250 \$ _____
 Exhibiting Representative _____
 Exhibiting Representative _____

Saturday Continental Breakfast \$600 \$ _____

Saturday Lunch \$1000 \$ _____

Saturday AM & PM Breaks \$500 \$ _____

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

Special Needs _____

#6 TOTAL _____

#1 + #2 + #3 + #4 + #5 + #6 = Total Amount Due \$ _____

Thank you for your support!

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