

# OSHP HUMAN RESOURCES PARTNERSHIP APPLICATION

Human Resources Contact: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PACKAGES:**

**SINGLE FACILITY PARTNERSHIP: \$250**

Facility Location: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Employment Openings Website (for linking purposes): \_\_\_\_\_

Exhibit Space at (*select one*):     Annual Seminar – \$500 (*50% off regular fees*)    Fall Seminar – \$225 (*Nearly 75% off regular fees*)  
 Listing in OSHP Newsletter (*select three*):     Jan/Feb    Mar/Apr    May/Jun    Jul/Aug    Sep/Oct    Nov/Dec

**MULTI FACILITY PARTNERSHIP: \$750**

Facility Location: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Employment Openings Website (for linking purposes): \_\_\_\_\_

Facility Location: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Employment Openings Website (for linking purposes): \_\_\_\_\_

*Add additional locations on separate sheet*  
 Exhibit Space at (*select up to two*):    Annual Seminar – \$500 (*50% off regular fees*)    Fall Seminar – \$225 (*Nearly 75% off regular fees*)  
*Packages are good for one year from the date the application is received. No refunds are given for partial use and/or cancellation of program.*

**FEES**

HR Partner Package.....	\$ _____
Exhibit(s).....	\$ _____
<b>Total Amount Due</b>	<b>\$ _____</b>

**PAYMENT**

Check (payable to OSHP)     Credit Card Payments: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ AmEx \_\_\_\_\_ Is this a Corporate Card?  Yes  No  
 Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount Authorized: \$ \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail completed form with payment to:  
**• OSHP PARTNERSHIPS •**  
 147 SE 102<sup>nd</sup> Ave, Portland 97216  
 Registrations can also be faxed to 503.253.9172.  
*Questions? Contact OSHP at mail@oshp.org or 503.255.2973*