



January 2020

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 24-26, 2020 at Sunriver Resort in Sunriver, OR and the Fall Seminar in the Fall of 2020 in Portland, Oregon.

We anticipate 500 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, the exhibit area will be in a separate location from the area where the educational sessions will be taking place.

Partnering and exhibiting 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 2020 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. You can also register online at www.oshp.org.

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

2020 EXHIBIT & PARTNERSHIP AGREEMENT



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
- Ambulatory care clinics
- Home infusion
- Retail pharmacies
- Long term care
- Managed care

www.oshp.org

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!

2020 Annual Seminar

April 24-26, 2020
Sunriver Resort, Sunriver, OR

2020 Fall Seminar

November 2020
Portland, OR

We anticipate through both events, 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), special recognition in OSHP's Annual and Fall Seminar Brochure.

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, and premium booth space.

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.

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
Platinum \$5,000	✓	✓	✓	2	✓	✓	✓	1	2
Gold \$4,000		✓	✓	2	✓	✓	✓		
Silver \$3,000		✓	✓	1	✓	✓	✓		

OSHP ADDITIONAL INDIVIDUAL PARTNERSHIP OPPORTUNITIES

ANNUAL SEMINAR

Exhibit Space	\$1100/1450
Saturday Lunch Sponsor	\$1000
Saturday Dinner Sponsor	\$1500
Sunday Breakfast Sponsor.....	\$750
Friday Reception Sponsor.....	\$600
Saturday Continental Breakfast.....	\$600
Break Sponsor.....	\$500

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 recieved prior to going to print.

Oregon Society of Health-System Pharmacists

2020 EXHIBIT SPACE & SEMINAR PARTNERSHIP AGREEMENT

OSHP Tax ID #23-7025546

Company Name (exactly as it should be listed for Seminar signage and recognition) _____

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 2020 Exhibit Exhibitor Representative: _____ E-mail: _____

(1) Fall Seminar 2020 Exhibit Exhibitor Representative: _____ E-mail: _____

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

2020 Winter: Southern Chapter Northern Chapter

2020 Spring: Southern Chapter Northern Chapter

2020 Summer: Southern Chapter Northern Chapter

2020 Fall: Southern Chapter Northern Chapter

#1 TOTAL _____

2. GOLD PARTNERSHIP

Gold Package — \$4,000:

(1) Annual Seminar 2020 Exhibit Exhibitor Representative: _____ E-mail: _____

(1) Fall Seminar 2020 Exhibit Exhibitor Representative: _____ E-mail: _____

#2 TOTAL _____

3. SILVER PARTNERSHIP

Silver Package — \$3,000:

(1) Annual Seminar 2020 Exhibit Exhibitor Representative: _____ E-mail: _____

(1) Fall Seminar 2020 Exhibit Exhibitor Representative: _____ E-mail: _____

#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 _____



Please Complete Both Sides of Form →

5. ANNUAL SEMINAR EXHIBIT/SPONSOR OPPORTUNITIES

Your Annual Seminar Exhibit registration includes a skirted display space, one chair, Friday reception and one Saturday 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 — \$1100 Non-Member — \$1450 OSHP Member _____ \$ _____
 Exhibiting Representative _____ email: _____
 Exhibiting Representative _____ email: _____

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) _____ \$ _____

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

Special Needs: _____

#5 TOTAL _____

6. FALL SEMINAR 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 — \$1000; Non-Member — \$1100 OSHP Member _____ \$ _____
 Exhibiting Representative _____ Email _____
 Exhibiting Representative _____ Email _____

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

Saturday Continental Breakfast \$600 \$ _____

Saturday Lunch \$1000 \$ _____

Saturday AM & PM Breaks \$500 \$ _____

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

If you, or your guests, have any special requirements (i.e., dietary restrictions, handicap access, etc.) that would necessitate advanced planning on our part, please let us know here: _____

#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 _____ CVV# _____
 City _____ State _____ Zip _____
 Phone: _____ Email: _____

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

Registrant agrees to grant OSHP and Update Management the right to photograph or video Registrant during participation in the event. Registrant understands that any photographs or recordings may be used by OSHP and Update Management for marketing and promotional purposes, at their sole judgment and discretion, without compensation or credit to Registrant.

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.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

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.

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) **1**

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

147 SE 102nd Ave.

6 City, state, and ZIP code

Portland, OR 97216

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

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. Also see *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

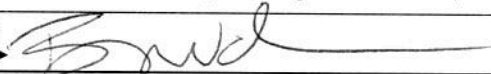
Under penalties of perjury, I certify that:

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 ▶



Date ▶

01/14/2020

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.