



Ohio Society of Health-System Pharmacists
 1100-H Brandywine Blvd
 Zanesville, OH 43701
 740-373-8595 • Fax: 740-452-2552 • www.ohioshp.org

Your Invitation to Corporate Partnership

The Ohio Society of Health-System Pharmacists invites you to join its corporate partner program, giving you the opportunity to consolidate your support of OSHP into one highly visible annual commitment. Corporate partnership provides, at no additional cost, one or more individual OSHP memberships with all member benefits, varying levels of exhibit space at the OSHP Annual Meeting with corporate recognition, and other benefits and opportunities based on the level of commitment (see reverse).

To initiate your corporate partnership, please complete the information below and return with check payment to: **OSHP, 1100-H Brandywine Blvd, Zanesville OH 43701** or sign up online at www.ohioshp.org. OSHP is grateful for your support of its efforts.

Yes -- please initiate my OSHP Corporate Partnership for the corresponding commitment:

- Platinum Level:** \$10,000 for two years (includes 4 individual OSHP memberships)
- Gold Level:** \$ 5,000 (includes 4 individual OSHP memberships)
- Silver Level:** \$ 3,000 (includes 3 individual OSHP memberships)
- Bronze Level:** \$ 2,000 (includes 2 individual OSHP memberships)

Check (Make check payable to **OSHP**)

To pay by credit card, please visit www.ohioshp.org and **Sign In** (located in the upper right corner). OSHP currently accepts the following credit cards: American Express, MasterCard and VISA. OSHP is unable to accept credit cards by phone, fax, email or by mail.

Please contact the OSHP office at 740-373-8595 if you have any questions or have trouble logging in. We appreciate your support of Ohio Society of Health-System Pharmacists.

OSHP's federal tax identification number is **31-1387450**.

Please provide the following information for your individual OSHP membership. Contact information for additional memberships may be listed on the reverse side of this form:

Full Name _____
 Company Name _____
 Preferred Mailing Address _____
 City _____ State _____ Zip _____
 Phone () _____ Fax () _____
 E-mail _____@_____ Web _____
 Ohio Pharmacist License Number, if applicable _____

Please check **ONE** desired local affiliated chapter membership:

- Akron Area Society
- Dayton Area Society
- Toledo Area Society
- Central Ohio Society
- Greater Cincinnati Society
- West Central Ohio Society
- Cleveland Society

OSHP Corporate Partnership Levels

| BRONZE | SILVER | GOLD | PLATINUM |
|--|---|--|--|
| 2 individual OSHP memberships and local affiliated chapter(s) memberships | 3 individual OSHP memberships and local affiliated chapter(s) memberships | 4 individual OSHP memberships and local affiliated chapter(s) memberships | 4 individual OSHP memberships and local affiliated chapter(s) memberships |
| Annual Meeting: Standard Booth Space with <ul style="list-style-type: none"> • corporate recognition | Annual Meeting: Preferred Booth Space with <ul style="list-style-type: none"> • corporate recognition | Annual Meeting: 2 Preferred Booth Spaces with <ul style="list-style-type: none"> • corporate recognition | Annual Meeting: 2 Preferred Booth Spaces with <ul style="list-style-type: none"> • corporate recognition • invitation to social events • banner at registration table • logo on program |
| | | Priority opportunities for members of your Speaker's Bureau | Priority opportunities for members of your Speaker's Bureau |
| Bulletin and Web Recognition | Bulletin and Web Recognition | Bulletin and Web Recognition, including promotion and company link on OSHP Website | Bulletin and Web Recognition, including promotion and company link on OSHP Website |
| \$2,000/yr | \$3,000/yr | \$5,000/yr | \$10,000 for <u>two years</u> |

Please provide contact information for additional local affiliated chapter memberships as included in your partnership level. Attach additional pages if necessary:

Full Name _____
 Company Name _____
 Preferred Mailing Address _____
 City _____ State _____ Zip _____
 Phone () _____ Fax () _____
 E-mail _____@_____ Web _____
 Ohio Pharmacist License Number, if applicable _____

Please check ONE desired local affiliated chapter membership:

- | | | |
|---|---|--|
| <input type="checkbox"/> Akron Area Society | <input type="checkbox"/> Dayton Area Society | <input type="checkbox"/> Toledo Area Society |
| <input type="checkbox"/> Central Ohio Society | <input type="checkbox"/> Greater Cincinnati Society | <input type="checkbox"/> West Central Ohio Society |
| <input type="checkbox"/> Cleveland Society | | |

Questions? Contact Executive Vice President Bob Parsons at (740) 373-4949 or bobparsons@aol.com.