Ohio Society of Health-Systems Pharmacists

5329 Fayette Avenue, Madison, WI 53704

Ph: 614-398-0232 Email: info@ohioshp.org www.ohioshp.org



Cleveland Society

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, two 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 payment to: **OSHP**, **6000 Gisholt Dr. Suite 200**, **Madison**, **WI 53713**. 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) П **Silver Level:** \$3,000 (includes 3 individual OSHP memberships) **Bronze Level:** \$2,000 (includes 2 individual OSHP memberships) [] Check payable to OSHP. To pay by credit card, please visit www.ohioshp.org and sign in. OSHP is unable to accept credit card payments by mail, phone, fax, or email. For assistance contact our administrators at 614-398-0232 or email us at info@ohioshp. 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: Name Company Name Preferred Mailing Address Phone Fax E-mail Ohio Pharmacist License Number, if applicable Please check desired local affiliated chapter membership(s): Dayton Area Society Akron Area Society Toledo Area Society Central Ohio Society Greater Cincinnati Society West Central Ohio 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:	Annual Meeting:	Annual Meeting:	Annual Meeting:	
Standard Booth Space with • corporate recognition	Preferred Booth Space with	2 Preferred Booth Spaces with	Preferred Booth Spaces with 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 Recognition 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 two years	

Please provide contact information for <u>additional memberships</u> as included in your partnership level. Attach additional pages if necessary:

Name						
Company Name						
Preferred Mailing Ad	ddress					
Phone	Fax	E-mail				
Ohio Pharmacist Lic	cense Number, if applicable					

Please check desired local affiliated chapter membership(s):

Akron Area Society Dayton Area Society Toledo Area Society

Central Ohio Society Greater Cincinnati Society West Central Ohio Society

Cleveland Society

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