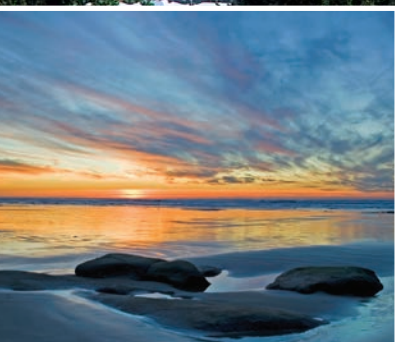




OREGON STATE
PHARMACY ASSOCIATION

2017-2018 PROSPECTUS: SPONSORSHIP & EXHIBIT OPPORTUNITIES

Leading Pharmacy, Advancing Healthcare



Sign up online www.oregonpharmacy.org

OSPA | 147 SE 102nd Avenue | Portland, OR 97216 | Ph 503.582.9055 | Fax 503.253.9172
info@oregonpharmacy.org • www.oregonpharmacy.org

Benefits of Sponsorship

	Friends of Pharmacy \$500 or more	Bronze \$1,000	Silver \$2,000	Gold \$5,000	Diamond \$15,000	Platinum \$30,000
Recognition on OSPA Website	✓	✓	✓	✓	✓	✓
Listing in both Event Brochures	✓	✓	✓	✓	✓	✓
Listing in Attendee Packets	✓	✓	✓	✓	✓	✓
Acknowledge in pre-slide show at each meeting	✓	✓	✓	✓	✓	✓
Recognition in OSPA newsletter	✓	✓	✓	✓	✓	✓
Company Name on sponsorship sign displayed at meeting	✓	✓	✓	✓	✓	✓
Company logo displayed on the OSPA website, hyperlinked to your company		✓ Two months. (No Hyperlink)	✓ Two months	✓ Six months	✓ Six months	✓ One year
Exhibit at Annual Convention and/or Lane County Mid-Winter CE Seminar with preferred location		✓ One Event	✓ Both Events	✓ Both Events	✓ Both Events	✓ Both Events
Two booth personnel		✓	✓	✓	✓	✓
Recognition during Awards Reception at Annual Convention			✓	✓	✓	✓
1 Page Broadcast Email or Fax Blast to OSPA Membership			✓ One Broadcast	✓ One Broadcast	✓ Two Broadcasts	✓ Three Broadcasts
Complimentary CE Passes				✓ 1 Pass for Both Events	✓ 2 Passes for Both Events	✓ 2 Passes for Both Events
Ad in OSPA newsletter				✓ Quarter Page Ad	✓ Half Page Ad	✓ Full Page Ad
Additional guest passes to Awards Reception at Annual Convention				✓ One Pass Provided	✓ Two Passes Provided	✓ Four Passes Provided
Exclusive Sponsorship of Regional Educational Program				✓ 1 Program	✓ 2 Programs	✓ 3 Programs



Dear OSPA Supporter,

The Oregon State Pharmacy Association is pleased to announce their annual events.

Annual Convention & Trade Show
October 20-22, 2017
Sheraton Portland Airport Hotel
8235 NE Airport Way, Portland, OR 97220

Lane County Mid-Winter CE Seminar
February 17-18, 2018
Eugene Hilton Hotel & Conference Center
66 East 6th Ave., Eugene, OR 97401

The Annual Convention and Lane County Mid-Winter CE Seminar each provide a cost effective opportunity for your organization to get in front of numerous pharmacy professionals from throughout the Northwest by exhibiting and/or sponsoring. We expect over 250 pharmacy professionals at each of these meetings, including pharmacists, pharmacy directors, residents, students, technicians and others. OSPA membership encompasses all disciplines of the pharmacy profession - community and retail practices, managed care, health-system and hospital pharmacies as well as representatives from both colleges of pharmacy in Oregon. Many of the attendees at this event are decision makers within their organizations and you will want to make contact with them.

Your participation as an exhibitor and sponsor is very important to OSPA. This exhibitor/sponsor agreement includes fees and registration information. Please see inside for more specific details.

In addition to exhibiting at events and becoming a sponsor of the association, we hope that you will consider showing your support through membership. As a vendor/supplier you are eligible for Associate Membership. For your convenience, an application is enclosed. To expedite the process, you may join on-line at www.oregonpharmacy.org. Simply click on the Membership button and select the "Associates Join Now" button. We look forward to your participation and serving you as an OSPA member.

Sincerely,

Kevin Russell, RPh, MBA
OSPA President

Your company's support is recognized for its investment in the pharmacy profession. Sponsorship distinguishes your company as an industry partner. Each level of sponsorship offers benefits that provide enhanced access and exposure to meeting attendees.

Sponsorship Opportunities

ALL SPONSORSHIP PACKAGES INCLUDE:

- Recognition on OSPA website
- Listing in both event brochures (if received prior to the printing)
- Acknowledgement in the OSPA newsletter
- Listing in attendee packets
- Acknowledgment in pre-slide show at each meeting
- Plus additional recognition as listed below:

SPONSORSHIP PACKAGES WITH EXHIBITS INCLUDE:

- One, six-foot draped table, located in separate area from CE programs, two booth personnel, lunch & reception
- Exhibitor listing to be displayed on website for full-year following conference
- Listing in attendee packets
- Complete listing of attendees

Platinum - \$30,000

- Company Name on sponsorship sign displayed at meeting
- Company logo displayed on the OSPA website, hyperlinked to your company for one year
- Exhibit at both the Annual Convention and Lane County Mid-Winter CE Seminar with preferred location
- Two booth personnel
- Two complimentary CE passes for two individuals at both events
- Recognition during Awards Reception (Convention only)
- Full Page Ad in OSPA newsletter
- Four additional guest passes to Awards Reception (Convention only)
- Exclusive sponsorship of a regional educational program
- Three one-page broadcast emails or fax blasts to OSPA Membership

Diamond - \$15,000

- Company Name on sponsorship sign displayed at meeting
- Company logo displayed on the OSPA website, hyperlinked to your company for six months
- Exhibit at both the Annual Convention and Lane County Mid-Winter CE Seminar with preferred location
- Two booth personnel
- Two complimentary CE pass for both events
- Recognition during Awards Reception (Convention only)
- Half Page Ad in OSPA newsletter
- Two additional guest passes to Awards Reception (Convention only)
- Exclusive sponsorship of a regional educational program
- Two one-page broadcast emails or fax blasts to OSPA membership

Gold - \$5,000

- Company name on sponsorship sign displayed at meeting
- Company logo displayed on the OSPA website, hyperlinked to your company for six months
- Exhibit at both the Annual Convention and Lane County Mid-Winter CE Seminar with preferred location
- Two booth personnel
- One complimentary pass for CE at both events
- Recognition during Awards Reception (Convention only)
- Quarter page ad in OSPA newsletter
- Two guest passes to Awards Reception (Convention only)
- One page broadcast email or fax blast to OSPA membership

Silver - \$2,000

- Company Name on sponsorship sign displayed at meeting
- Company logo displayed on the OSPA website, hyperlinked to your company for two months following each meeting
- Exhibit at both the Annual Convention and Lane County Mid-Winter CE Seminar with preferred location
- Two booth personnel
- Recognition during Awards Reception (Convention only)
- One page broadcast email or fax blast to OSPA membership

Bronze - \$1,000

- Company name on sponsorship sign displayed at meeting
- Company logo displayed on the OSPA website for two months following the meeting
- Exhibit at your choice of either the Annual Convention or Lane County Mid-Winter CE Seminar with preferred location
- Two booth personnel

Friends of Pharmacy - \$500 or more

- Company Name on sponsorship sign displayed at meeting

Additional Sponsor Opportunities:

Tote Bags - \$1,000

Name Badges - \$1,000

Lanyard - \$1,000

Student Sponsor - \$150/per meeting

Non-profit organizations are eligible to receive a discount on exhibit space. If you are interested, please contact OSPA at 503.582.9055 to discuss options.

Note: Benefits of sponsorship packages are for one year from date sponsor form is submitted. Benefits may not be used after that date.



OREGON STATE
PHARMACY ASSOCIATION

MEMBER APPLICATION

Please complete the following application, and return it with your annual dues payment made payable to OSPA. Dues are based on each individual's anniversary year.

Please check those that apply:

Mr. Ms. Mrs. Designations _____

Name			Position Title			Pharmacy/Company		
Profile Address			City			State Zip		
Business Telephone			Fax					
Preferred E-mail			Web Address					
Mailing Address			City			State Zip		
Home Telephone								
(Pharmacists Only) Graduation Year			License #			Year Licensed		

I WISH TO ENROLL AS:

Membership Categories

Please complete this entire application and return this form to the OSPA office along with your payment.

* = Required information.

*Membership Types (Please check one)

Pharmacist Member\$195.00

† = Discounted dues as reflected below.

- First-Year Practitioner[†]Free
- 2nd Year Practitioner[†]\$75.00
- Retired Pharmacist[†]\$100.00
- Family Membership (Spouse Only)[†]\$350.00

Name of Spouse: _____

- Associate Member\$300.00
- Technician Member\$25.00
- Pharmacy Student.....\$25.00

School Enrolled In _____

Membership Referred By: _____

*Choose your primary practice setting:

- | | |
|---|--|
| <input type="checkbox"/> Mail Order | <input type="checkbox"/> Long-Term Care/Consultant |
| <input type="checkbox"/> Chain Management | <input type="checkbox"/> Pharmacy Manager |
| <input type="checkbox"/> Chain Employee | <input type="checkbox"/> Professional Representative |
| <input type="checkbox"/> Clinical Pharmacist | <input type="checkbox"/> Relief |
| <input type="checkbox"/> Education | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Hospital/Health System | <input type="checkbox"/> Student |
| <input type="checkbox"/> Independent Owner | <input type="checkbox"/> Government |
| <input type="checkbox"/> Independent Employee | <input type="checkbox"/> Other |

Payment Options (see below for complete information):

I elect to pay my membership dues by:

Method of Payment Check Visa MC AMEX DISCOVER

In U.S. funds

Credit Card #	
Expiration Date	\$ Amount Authorized
Name on Card	
Billing Address	
Signature	

Membership Dues Payment Options

Payment in Full

If you elect to pay your membership dues in full, you are set for a year! Prior to your membership expiration date, you will receive a renewal notice.

Auto-Renewal - Online Application Only

If you select this option, you must provide credit card information for processing. Each year, on your anniversary date, your credit card will be charged in full for your membership dues. This is a convenient way to keep your membership active without the worry of lapses. Note: By choosing this option, you understand that your credit card will remain on file with an outside service provider and you release OSPA from any liability for lost or stolen information.

Monthly Dues Installments - Online Application Only

This is an option for those who want to manage their membership dues on a monthly basis. This applies only to pharmacist members who pay full dues and are not eligible for discounts. If you select this option, your annual membership dues will be divided into 12 monthly installments. The first installment will include an additional \$20.00 administrative processing fee to cover the extra cost incurred by OSPA. OSPA offers this payment plan option as a courtesy to our members. The total annual dues amount is owed to OSPA even if you decide to discontinue your membership during the year.

Oregon State Pharmacy Association • 147 SE 102nd Ave. Portland, OR 97216 • Phone 503.582.9055

Fax 503.253.9172 • www.oregonpharmacy.org

OSPA dues are not deductible as a charitable contribution for federal income tax purposes, but may be partially deductible as a business expense. OSPA estimates that 29% of your dues are not deductible because of OSPA's lobbying activities on behalf of its members.

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Oregon State Pharmacy Association		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input checked="" type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) 147 SE 102nd Ave.		Requester's name and address (optional)
	6 City, state, and ZIP code Portland, OR 97216		
	7 List account number(s) here (optional)		

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
[] [] [] - [] [] - [] [] [] []	
or	
Employer identification number	
9 3 - 0 4 4 2 6 8 3	

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here	Signature of U.S. person ▶ <i>Dana Bairden</i>	Date ▶ <i>5/16/17</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/tfw9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



OREGON STATE
PHARMACY ASSOCIATION

2017-2018 Sponsorship Application

Company _____ Contact _____

The contact person listed above will not be registered. All registrants must be listed below:

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____

Website _____ Email _____

Send your company logo and website url to info@oregonpharmacy.org

Exhibit / Sponsorship Opportunities

ALL SPONSORSHIPS INCLUDE:

Recognition on OSPA website, listing in both event brochures (if received prior to the printing), acknowledgment in the OSPA newsletter, listing in attendee packets, acknowledgment in pre-slide show at each meeting, plus additional recognition as listed in this prospectus. Note: Bronze includes one exhibit; Silver and above include two exhibits.

- Platinum..... \$30,000
- Diamond..... \$15,000
- Gold..... \$5,000
- Silver..... \$2,000
- Bronze \$1,000
- Friends of Pharmacy \$500 or more
- Non-profit Organization Exhibit Only.....\$250

Choose One Event: 2017 Annual Convention
 2018 Lane County

Additional Sponsor Opportunities:

Below sponsorship is for (Choose One Event):

- Tote Bags \$1,000
- Convention Lane County
- Name Badges \$1,000
- Convention Lane County
- Lanyard..... \$1,000
- Convention Lane County
- Student Sponsor..... \$150/per student/meeting
- Convention Lane County

x _____ students @ \$150 ea. = \$ _____

Name(s) _____

Total Amount Due \$ _____

PAYMENT OPTIONS (US Funds):

- Check, Payable to OSPA
- Visa/MasterCard
- American Express
- Discover

Card # _____ Exp. Date _____ Amount Authorized \$ _____

Name on Card _____ Signature _____

Card Billing Address (required) _____

City _____ State _____ Zip _____

Email address for receipt: _____

Send completed application and payment to:
OSPA, 147 SE 102nd Ave., Portland, Oregon 97216
Phone: 503.582.9055 - Fax: 503.253.9172

or Register Online www.oregonpharmacy.org



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PHARMACY ASSOCIATION**

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