



Ohio Society of Health-System Pharmacists
 5329 Fayette Avenue
 Madison, WI 53704
 Email to: info@ohioshp.org
 740 373-8595 • www.ohioshp.org

Your Invitation to Institutional Partnership

The Ohio Society of Health-System Pharmacists invites you to join its Institutional Partners, giving you the opportunity to demonstrate your support of OSHP in one highly visible annual commitment. Institutional Partnership provides, at no additional cost, one or more individual OSHP memberships with all member benefits, exhibit space at the OSHP Residency Showcase and/or the OSHP Annual Meeting with partnership recognition, and other benefits and opportunities based on the level of commitment (see reverse).

To initiate your Institutional Partnership, please complete the information below and return with payment to: **OSHP, 50 Greenwood Circle, Marietta, OH 45750** or sign up online at www.ohioshp.org. OSHP is grateful for your support of its efforts.

Yes – please initiate my OSHP Institutional Partnership for the corresponding commitment:

Diamond Level – Category I: \$2,500 (includes 2 individual OSHP

Diamond Level – Category II: memberships) \$5,000 (includes 2 individual

Emerald Level – Category I: OSHP memberships) \$1,000 (includes 1

Emerald Level – Category II: individual OSHP membership) \$2,500 (includes 1

Check (Make check payable to OSHP) individual OSHP membership)

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, or by mail.

If you do not remember your Username or Password, use the Reset Your Password link on the OSHP web site by entering the email address associated with your member record. 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 (Diamond level) 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 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 Institutional Partnership Categories

	EMERALD	DIAMOND
	Booth at choice of <u>either</u> the Annual Meeting or the Residency Showcase	Booth at both the Annual Meeting <u>and</u> the Residency Showcase
	<ul style="list-style-type: none"> • 1 individual OSHP membership in chosen local affiliated chapter (LAC) • Bulletin Recognition 	<ul style="list-style-type: none"> • 2 individual OSHP memberships in chosen local affiliated chapter(s) (LAC) • Bulletin Recognition • Free advertising on Job Board (website) • 2 Annual Meeting registrations • Free advertising in every other bulletin
Category I (Individual and two hospital site systems)	\$1,000/year	\$2,500/year
Category II (Greater than two hospital site systems)	\$2,500/year	\$5,000/year

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 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?

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