

2025 MSHP Annual Meeting Exhibitor Opportunities

The Michigan Society of Health-System Pharmacists' (MSHP) Annual Meeting will be held in person Friday, Oct. 24, 2025, at the DoubleTree by Hilton Hotel Detroit-Dearborn located at 5801 Southfield Fwy, Detroit, MI 48228. Pharmaceutical companies and other organizations supporting health-system pharmacy professionals are invited to exhibit at this event.

The meeting will offer continuing education for pharmacists, pharmacy residents, student pharmacists and pharmacy technicians. The meeting provides a forum for corporate attendees to exchange information and ideas with conference participants. The agenda will provide you with 165 minutes (2.75 hours) of exclusive time with various individuals and decision makers from healthcare organizations throughout the state. Attendees will visit you at your exhibitor table during attendee check-in (7:30-8:30 a.m.), morning break (10-10:15 a.m.), and lunch break (12:15-1:45 p.m.). Exhibitors will be allowed to have two representatives to staff the exhibit table during the times the show is open. The exhibitor tables are in a location separate from where the continuing education sessions are being conducted.

Also, you can also choose to participate in an interactive, virtual Reverse Exhibitor Program that will take place on Thursday, October 23 from 12:30 – 3:30 p.m. The Program will be conducted in a platform that allows up to two company representatives to meet with pharmacists from hospitals across the state who have key roles in the decision-making process for selection and determination of medication use guidelines at their respective practice sites. The purpose of this session is to provide you with an opportunity to present product and company information directly to these individuals. Up to two individuals from a practice site will join you for at least a seven-minute meeting.

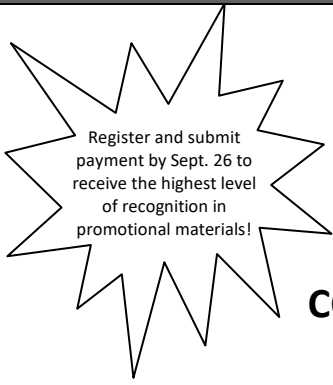
At the end of this meeting time, the participating pharmacists will be placed with the next exhibitor and a new pharmacy leader will join you until everyone has rotated through your "meeting" room. We are in the process of inviting pharmacist participants to meet during the session, and we will have specific information regarding the process as we get closer to the conference. We are planning on providing you with an itinerary that lists the participating pharmacists, their practice site and a personalized schedule identifying when you will meet with each participant before the Program occurs. Because space is limited, this Reverse Exhibitor Program will be offered to the first 40 corporate sponsors committing to the \$3,000 sponsorship level.

We are asking for your participation and financial support as a corporate exhibit sponsor. MSHP is affiliated with the Michigan Pharmacists Association (MPA). The MPA tax ID number is 38-0830740. Please consider participating as outlined below. A response form is enclosed for your convenience. Register and submit payment by Sept. 26, 2025, to receive the highest level of recognition in our promotional materials!

Package	Inclusions
Exhibit Package - \$1,650	Two event registrations, exhibit table, two company representatives to staff the exhibit, company name on event promotions and attendee contact list for additional follow-up.
Reverse Exhibitor Package - \$3,000	Everything listed in the exhibit package, plus exclusive real-time meetings with pharmacy decision makers, two different company representatives to staff the reverse exhibitor booth (limited to two per booth), contact list of pharmacy decision makers.

On behalf of the MSHP Board of Directors, thank you for considering this request to support and join us at the MSHP Annual Meeting. If you need additional information, please contact me directly at 517-377-0257 or BryanFreeman@MichiganPharmacists.org.

Sincerely,
Bryan A. Freeman
Chief Strategy Officer



MICHIGAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS

CORPORATE EXHIBIT SPONSOR RESPONSE FORM

MSHP ANNUAL MEETING

Virtual Reverse Expo, Thursday, Oct. 23; In-person Exhibit Hall, Friday, Oct. 24, 2025

Yes, I will be a corporate exhibit sponsor for MSHP. I plan to participate at the following level:

☐ \$3,000 (Exhibit Booth and Reverse Exhibitor Program)

☐ \$1,650 (Exhibit Booth Only)

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

The representatives who are likely to staff the Exhibit Booth from 7:30-8:30 a.m., 10-10:15 a.m., and 12:15-1:45 p.m.

1. _____ Phone: _____ E-mail: _____

2. _____ Phone: _____ E-mail: _____

The representatives who are likely to participate in the Reverse Exhibitor Program from 12:30 p.m.-3:30 p.m.

1. _____ Phone: _____ E-mail: _____

2. _____ Phone: _____ E-mail: _____

Method of Payment

☐ Check Enclosed (Payable to MPA)

☐ VISA/MasterCard/AMEX/Discover (Circle one)

Account Number: _____ Exp. Date: _____ CVV Code: _____

Signature: _____

Billing Address: _____

Please complete and return by Sept. 26, 2025, to:

Michigan Pharmacists Association, 408 Kalamazoo Plaza, Lansing, MI 48933

The MSHP tax ID number is 38-0830740.

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Michigan Pharmacists Association	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 408 Kalamazoo Plaza 6 City, state, and ZIP code Lansing, MI 48933 7 List account number(s) here (optional)	Requester's name and address (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 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

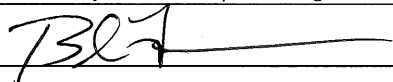
Social security number									
				-				-	
or									
Employer identification number									
3	8		0	8	3	0	7	4	0

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 3/17/2025
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they