



Kentucky Society of Health-System Pharmacists 2025 Sponsorship Opportunities

KSHP is seeking annual sponsors for 2025 and is providing additional à la carte sponsorship opportunities. Our goal in shifting the sponsorship packages from being strictly related to meetings to an annual commitment is to promote strong relationships between society and sponsors through forward planning and transparency.

The 2025 KSHP Spring Meeting is on May 19th at the Central Bank Center in Lexington, Ky. The 2025 Fall Meeting is on November 13th & 14th at the Louisville Marriott East in Louisville, Ky.

2025 Sponsorship Benefits at a Glance

	Platinum Sponsor \$7,250	Gold Sponsor \$4,750	Silver Sponsor \$3,250	Bronze Sponsor \$3,250
Spring Mtg Exhibit 6’ Table with 2 Registrants				
Fall Mtg Exhibit 6’ Table with 2 Registrants				
Fall Mtg Live Reverse Expo				
Lunch and Learn - Lead a 30-minute virtual lunch and learn with all KSHP members invited at a mutually agreed upon date				
Logo recognition on meeting itinerary				
Logo recognition on KSHP website with link to company’s webpage [Platinum and Gold – for all 2025; Silver and Bronze - for 60 days]				
Logo recognition on Facebook and Instagram post (740 followers)				
Logo recognition in pre-meeting announcements sent to 600 members				

Meeting Based À La Carte Sponsorships/Add-Ons

- 2025 Fall Meeting Exhibit (singular registration or additional table) with 2 registrants: \$1,750
- 2025 Spring Meeting Exhibit (singular registration or additional table) with 2 registrants: \$1,500
- Lunch and Learn Virtual Event: \$2,500
- See additional A La Carte opportunities on the next page!



Kentucky Society of Health-System Pharmacists 2025 Annual Sponsorship Form

Yes! I would like to sponsor the KSHP in 2025 with the following (check option below):

Sponsorship Packages

- | | |
|---|---|
| <input type="checkbox"/> \$7,250 Platinum Sponsor | <input type="checkbox"/> \$3,250 Silver Level Sponsor |
| <input type="checkbox"/> \$4,750 Gold Level Sponsor | <input type="checkbox"/> \$3,250 Bronze Level Sponsor |

A La Carte/Add on Opportunities

- | | |
|---|--|
| <input type="checkbox"/> 2025 Fall Meeting Exhibition
\$1,750 | <input type="checkbox"/> Newsletter Advertising – 6 issues <ul style="list-style-type: none">○ Quarter page - \$800/year○ Half page - \$1,200/year |
| <input type="checkbox"/> 2025 Spring Meeting
Exhibition \$1,500* | <input type="checkbox"/> Bluegrass Buzz Advertising (email blast to
all members twice per month) -
\$300/month |
| <input type="checkbox"/> Lunch and learn
\$2,500 | <input type="checkbox"/> Website Banner Advertising <ul style="list-style-type: none">○ Monthly Cost - \$150○ Yearly Cost - \$600 |
| | <input type="checkbox"/> Virtual Board Meeting - \$500 <ul style="list-style-type: none">○ Speaking opportunity for 15 minutes at
start of meeting. |
| | <input type="checkbox"/> Spring in person Board Meeting - \$1,500 <ul style="list-style-type: none">○ Speaking opportunity for 15 minutes at
start of meeting.○ Additionally, get to interact with board
members prior to start of meeting. |

For detail specific to advertising with KSHP, you may refer to the following policy:
Advertising in Kentucky Society of Health-System Pharmacists Documents and Platforms.

*Only for the ONE day of the KSHP Spring Meeting. If you are interested in exhibiting during Kentucky Hospital Association (KHA) meeting (immediately following the KSHP Spring Meeting), please contact Kris Allen, KHA Event Manager, at kallen@kyha.com or 502-992-4361.

Payment due by April 10th, 2025, for Spring Meeting Sponsorship and September 18th, 2025, for Fall Meeting Sponsorship. Method of Payment:

- Check enclosed made out to Kentucky Society of Health-System Pharmacists (or will be mailed to KSHP by corporate office)

Credit Card

Visa

MasterCard

American Express

Card Number: _____

Exp. Date: _____ 3 or 4 Digit Security Code: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Contact Information (person attending event):

Name: _____

Organization: _____

Additional Onsite Representative (include email address): _____

Address: _____

Phone Number: _____

Email Address: _____

Please return completed form (pages 2 and 3 of this document) to nvaccaro@kshp.org or mail with check to:

KSHP

P.O. Box 4961

Louisville, KY 40204

Note: All sponsorship opportunities described within this document are non-refundable.