



Kentucky Society of Health-System Pharmacists 2026 Sponsorship Opportunities

KSHP is seeking annual sponsors for 2026 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 2026 KSHP Spring Meeting is on May 15th at the Crowne Plaza in Louisville, Ky. The 2026 Fall Meeting is on October 8th & 9th at the Hyatt Regency in Lexington, Ky.

2026 Sponsorship Benefits at a Glance

| | Platinum Sponsor \$10,000 | Gold Sponsor \$7,000 | Silver Sponsor \$5,250 | Bronze Sponsor \$5,000 |
|---|------------------------------|-------------------------|---------------------------|---------------------------|
| 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 2026; 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

- 2026 Fall Meeting Exhibit (singular registration or additional table) with 2 registrants: \$2,275
- 2026 Spring Meeting Exhibit (singular registration or additional table) with 2 registrants: \$1,950
- Meeting Partners are acknowledged in the agenda as supporters of KSHP's mission: \$2,500
- Registration Partners receive name and logo recognition at the meeting registration table, visible to all attendees: \$3,000
- The Meeting Wi-Fi Sponsor's company name will be used as the conference Wi-Fi password: \$5,000
- Lunch and Learn Virtual Event: \$3,000
- See additional A La Carte opportunities on the next page!



Kentucky Society of Health-System Pharmacists 2026 Annual Sponsorship Form

Yes! I would like to sponsor the KSHP in 2026 with the following (check option(s) below):

Sponsorship Packages

- \$10,000 Platinum Sponsor
- \$7,000 Gold Level Sponsor
- \$5,250 Silver Level Sponsor
- \$5,000 Bronze Level Sponsor

A La Carte/Add on Opportunities

- 2026 Fall Meeting Exhibition \$2,275
- 2026 Fall Meeting Registration Sponsorship^ \$3,000
- 2026 Fall Meeting Partner \$2,500
- 2026 Fall Meeting Wi-Fi Sponsor* \$5,000
- 2026 Spring Meeting Exhibition \$1,950
- 2026 Spring Meeting Registration Sponsorship^ \$3,000
- 2026 Spring Meeting Partner \$2,500
- 2026 Spring Meeting Wi-Fi Sponsor* \$5,000
- Lunch and Learn \$3,000
- Newsletter Advertising – 6 issues
 - Quarter page - \$800/year
 - Half page - \$1,200/year
- Bluegrass Buzz Advertising (email blast to all members twice per month) - \$300/month
- Website Banner Advertising
 - Monthly Cost - \$150
 - Yearly Cost - \$600
- Virtual Board Meeting - \$500
 - Speaking opportunity for 15 minutes at start of meeting
- Spring in person Board Meeting - \$1,500
 - Speaking opportunity for 15 minutes at start of meeting.
 - Additionally, get to interact with board members prior to start of meeting

^Only 10 Meeting Registration Sponsors per meeting

*Only 1 Wi-Fi sponsor available per meeting

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

Payment due by April 10th, 2026, for Spring Meeting Sponsorship and August 18th, 2026, for Fall Meeting Sponsorship.

Total Amount of Sponsorship(s) Contracted: \$ _____

Method of Payment:

- Check enclosed made out to KSHP.
- Check will be mailed separately by corporate office to KSHP.
- 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: _____
Additional Onsite Representative (include email address): _____

Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____

Please return completed form to either nvaccaro@kshp.org or by US mail at
KSHP Office of Administration
PO Box 4961
Louisville, KY 40204

Note: Sponsorships are non-refundable once finalized.