
WESTERN STATES CONFERENCE FOR PHARMACY RESIDENTS, FELLOWS & PRECEPTORS

January 2010

Dear Colleague:

Each year, the Western States Conference provides more than 450 pharmacy residents and fellows from 13 states the opportunity to make formal presentations of their clinical, administrative, and technology related research with an emphasis on improving patient care. Additionally, the Western States Conference provides up to eight hours of ACPE accredited continuing pharmacy education for attendees. The 2010 Western States Conference will be held May 25-28 at the Asilomar Conference Center in Pacific Grove, CA.

We are requesting your company's financial support through an unrestricted educational grant. Depending on your level of support, varying numbers of complimentary offsite registrations may be included. This includes meals, sessions, and events. Additional registrations are available for an additional charge. If your company uses an online grant process, we would appreciate if you could forward that procedural information to us.

Presentation topics include, but are not limited to, the following:

- Cardiovascular diseases
- Infectious diseases
- Oncology
- Diabetes
- Respiratory Diseases
- Immunizations
- Psychiatric Disorders
- Managed Care, and
- Patient Adherence

Please see the attached form for more information on ways in which your company can support the Western States Conference.

We sincerely hope that you can support our conference through an educational grant. The Western States Conference is a 501(c)3 nonprofit organization. Our tax identification number is 86-0535273. Detailed information can be located on our website at www.wsc-rx.org. Should you require further information, please call 916-447-0843.

Sincerely,



Kim Donnelly, RPh
2010 Conference Chair

Alaska ❖ Arizona ❖ California ❖ Colorado ❖ Hawaii ❖ Idaho ❖ Montana ❖ Nevada ❖ New Mexico ❖ Oregon ❖ Utah ❖ Washington ❖ Wyoming

Western States Conference ❖ c/o California Society of Health-System Pharmacists
1314 H Street, Suite 200 ❖ Sacramento, CA 95814

Phone: (916) 447-0843 ❖ Fax: (916) 447-2396 ❖ email: wsc-rx@cshp.org ❖ web: www.wsc-rx.org

WESTERN STATES CONFERENCE FOR PHARMACY RESIDENTS, FELLOWS & PRECEPTORS

Support Confirmation Form Western States Conference 2010 (May 25-28)

For all levels of support, recognition is given to the sponsor in all WSC publications and on the WSC webpage with a direct link to your corporate home page. The Western States Conference, Inc is recognized as a tax-exempt organization category 501(c)(3) by the Internal Revenue Service. Our tax I.D. number is 86-0535273.

Corporate Educational Director: \$25,000

Support at this level receives special recognition as a Corporate Educational Director and complimentary registration for four representatives. You may register up to four additional representatives for the conference at the standard registration fee.

Corporate Educational Partner: \$15,000

Support at this level receives special recognition as a Corporate Educational Partner and complimentary registration for three representatives. You may register up to three additional representatives for the conference at the standard registration fee.

Corporate Educational Benefactor: \$10,000

Support at this level receives special recognition as a Corporate Educational Benefactor and complimentary registration for two representatives. You may register up to three additional representatives for the conference at the standard registration fee.

Corporate Educational Patron: \$7,500

Support at this level receives recognition as a Corporate Educational Patron and complimentary registration for one representative. You may register up to three additional representatives for the conference at the standard registration fee.

Corporate Educational Sponsor: \$5,000

Support at this level receives recognition as a Corporate Educational Sponsor. You may register up to three additional representatives for the conference at the standard registration fee.

Please sign and return this form by April 15, 2010

Company: _____

Contact: _____

Email: _____ Phone: _____

Signature _____ Date _____

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