



Re: 2020 Corporate Sponsorship

Dear Sponsor:

On behalf of the Premier Oncology Hematology Management Society (POHMS), thank you for your past corporate sponsorship in our association. Sponsorship information is contained in this letter for **2020**.

POHMS' voting membership consists of physicians, administrators, nurses, and other healthcare professionals in oncology and hematology. We currently have approximately sixty (60) oncology practice members throughout Pennsylvania, Connecticut, Delaware, New York, New Jersey and Maryland and approximately thirty (30) corporate sponsors. POHMS is a Pennsylvania non-profit 501c(6) organization. Corporate and Allied membership dues are used to support the general ongoing activities of POHMS.

### **Levels of Corporate Sponsorship for 2020 are listed below:**

**Diamond:** \$12,000 and above includes sponsorship for **four** (4) representatives  
POHMS Newsletter  
Preferred exhibit space  
Live drug announcements  
Membership Directory  
Active link on POHMS website  
**Free exhibit at POHMS Spring and Fall Conference up to four attendees; there is an additional attendee fee of \$300 each which will be invoiced at time of registration.**

***Time in front of POHMS Board of Directors once per year for 15 minutes and time in front of POHMS members' once per year for 10 minutes; at either the Spring or Fall Conference. Due to scheduling constraints your request must be submitted by March 15, 2020.***

***This is available ONLY at the Diamond Corporate level.***

**Gold:** \$9500 includes sponsorship for **three** (3) representatives  
POHMS Newsletter  
Live drug announcements  
Active link on POHMS website  
**Free exhibit at POHMS Spring and Fall Conference up to three attendees;  
there is an additional attendee fee of \$300 each which will be invoiced at time  
of registration.**

**Silver:** \$5000 includes sponsorship for **two** (2) representatives  
POHMS Newsletter  
Live drug announcements  
Discounted exhibit rate for POHMS Spring and Fall Conference, see fee below  
Spring exhibit fee: \$500  
Fall exhibit fee: \$1500

**Other:**

To add an additional Allied Representative to the yearly Corporate Sponsorship, the fee is:  
\$250 each/year

For any additional Conference Attendees: fee is \$300 each, which will be invoiced at the time  
of registration.

Corporate sponsorship does not provide for any conditions of purchase, use, or  
recommendations of pharmaceutical products. All checks need to be made payable to:  
**POHMS and mailed to 1802 State Route 31, #312, Clinton, NJ 08809, Attn: Fran  
Spine, Administrative Director.**

POHMS nonprofit federal identification number is **25-1767622**. A W-9 is attached for your  
records. Please do not hesitate to contact me at (908) 617-5063, ext.304 if you have any  
questions or need additional information.

Thank you for your continued support. I look forward to increasing the strength of the  
organization through your support.

Sincerely,

*Fran Spine*

Fran Spine  
Administrative Director