

# 2014 ICHP Annual Meeting - Registration Form



Full Name \_\_\_\_\_  
 Badge Name \_\_\_\_\_  
*Name as you want displayed on your name badge*

Job Title \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
*Email required to receive important meeting information*

Business/ College Name \_\_\_\_\_  
 Business/ College Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### CPE Monitor


If you plan on obtaining CPE credit, you **must** provide your NABP e-Profile ID# and Birthday (as MMDD). Your NABP e-Profile ID is required to receive CPE credit. Visit [www.mycpemonitor.net](http://www.mycpemonitor.net) for more information about CPE Monitor and how to obtain your NABP e-Profile ID.  
 NABP E-Profile ID#: \_\_\_\_\_ Birthday (MMDD): \_\_\_\_\_

### Meal Selection

We use your registration for space allocation and meal planning. If there is a change in the meals you have indicated, please contact us!

#### Select the meal(s) you will be attending:

- Thursday Continental Breakfast  
 Thursday Lunch  
 Friday Continental Breakfast  
 Friday Lunch & Town Hall Meeting (*must attend meeting*)  
 Saturday Continental Breakfast  
 Saturday Lunch & Awards Program

I need vegetarian meal(s). 

### Method of Payment

You will receive a receipt of payment in your registration materials at the meeting.

Enclosed is a check or money order made payable to: ICHP  
 Charge my credit card  
*Credit card payments may be faxed to ICHP: (815) 227-9294*

Account#: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ CVV2 Security Code #: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_

My Total: \$ \_\_\_\_\_

### I agree to the following terms of registration (required):

- ARS Policy:** I acknowledge that I will be required to pay a \$75 replacement fee if I lose or break an ARS device (Audience Response Device).
- Cancellation Policy:** Cancellations will be accepted in writing prior to August 15, 2014. No cancellations will be accepted after that time. A \$25 processing fee will be applied to all cancellations. Refund checks will be issued after October 1, 2014. Note: Payments made to ICHP and ICHP PAC are not deductible charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. ICHP Federal Tax ID: #36-2887899.
- Image Release Notice:** I give ICHP permission to use photographs or video of myself taken at the event. ICHP intends to use such photographs and videos only in connection with ICHP official publications, media promotions, web sites, or social media sites including but not limited to Facebook, Twitter, and YouTube, and that these images may be used without further notifying me.

### Send payment and registration form to:

ICHP Annual Meeting • 4055 N. Perryville Road • Loves Park, IL 61111-8653  
 Phone: (815) 227-9292 | Fax: (815) 227-9294

### Full Registration Fees

Full Registration includes education sessions, breakfasts, and lunches.

	Member	Non-Member
<b>Pharmacist or Industry Rep</b>		
<i>Early Bird Rate</i>	<input type="checkbox"/> \$250	<input type="checkbox"/> \$400
<i>Regular Rate</i>	<input type="checkbox"/> \$300	<input type="checkbox"/> \$450
<b>Pharmacy Technician</b>		
<i>Early Bird Rate</i>	<input type="checkbox"/> \$105	<input type="checkbox"/> \$175
<i>Regular Rate</i>	<input type="checkbox"/> \$130	<input type="checkbox"/> \$210
<b>Pharmacy Resident</b>		
<i>Early Bird Rate</i>	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100
<i>Regular Rate</i>	<input type="checkbox"/> \$75	<input type="checkbox"/> \$120
<b>Pharmacy Student</b>		
<i>Early Bird Rate</i>	<input type="checkbox"/> \$55	<input type="checkbox"/> \$75
<i>Regular Rate</i>	<input type="checkbox"/> \$70	<input type="checkbox"/> \$100
<b>Non-Pharmacist Hospital Administrator</b>	<i>Must be accompanied by a member pharmacist</i>	
<i>Early Bird Rate</i>	<input type="checkbox"/> \$150	
<i>Regular Rate</i>	<input type="checkbox"/> \$180	
<b>Pharmacy Preceptor/ Student</b>	<i>Both must be members. Joint registration must be received by September 4.</i>	
<i>Standard Rate</i>	<input type="checkbox"/> \$225 (\$275 after Sept. 4)	
Student	_____	
College	_____	
Email	_____	
<input type="checkbox"/> Student needs vegetarian meals!		



### One Day Registration Fees

One Day Registration includes that day's education sessions, breakfasts, and lunches, and exhibits on Thursday and Friday.

#### Select the day you will be attending:

- Thursday (9/11)  Friday (9/12)  Saturday (9/13)

	Member	Non-Member
<b>Pharmacist or Industry Rep</b>		
<i>Early Bird Rate</i>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
<i>Regular Rate</i>	<input type="checkbox"/> \$120	<input type="checkbox"/> \$175
<b>Pharmacy Technician</b>		
<i>Early Bird Rate</i>	<input type="checkbox"/> \$40	<input type="checkbox"/> \$75
<i>Regular Rate</i>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$90
<b>Pharmacy Resident</b>		
<i>Early Bird Rate</i>	<input type="checkbox"/> \$35	<input type="checkbox"/> \$60
<i>Regular Rate</i>	<input type="checkbox"/> \$45	<input type="checkbox"/> \$75
<b>Pharmacy Student</b>		
<i>Early Bird Rate</i>	<input type="checkbox"/> \$30	<input type="checkbox"/> \$55
<i>Regular Rate</i>	<input type="checkbox"/> \$45	<input type="checkbox"/> \$70
<b>Non-Pharmacist Hospital Administrator</b>	<i>Must be accompanied by a member pharmacist</i>	
<i>Early Bird Rate</i>	<input type="checkbox"/> \$75	
<i>Regular Rate</i>	<input type="checkbox"/> \$100	