

ICHP's 13th Annual

RESIDENCY SHOWCASE



CHARTING A BOLD COURSE FOR ILLINOIS PHARMACY!

Illinois Council of Health-System Pharmacists 2014 Annual Meeting

Saturday, September 13, 2014
1:00 PM – 3:00 PM

Held in conjunction with the ICHP Annual Meeting
September 11 - 13, 2014
Drury Lane • Oakbrook Terrace, IL

The Illinois Council of Health-System Pharmacists invites you to showcase your residency program to students from pharmacy schools in Illinois including:

- Chicago State University College of Pharmacy
- Midwestern University Chicago College of Pharmacy
- Roosevelt University College of Pharmacy
- Rosalind Franklin University College of Pharmacy
- Southern Illinois University Edwardsville School of Pharmacy
- University of Illinois at Chicago College of Pharmacy
- University of Illinois at Rockford College of Pharmacy

After a morning of educational programming, student attendees at the ICHP 2014 Annual Meeting will be ready to meet and greet residency directors and representatives from around the Midwest and Great Lakes regions. Many of these students will be completing their formal education within the year and will be considering residencies as a serious step in their career.

RESIDENCY SHOWCASE LOCATION

The ICHP Residency Showcase will be held at Drury Lane Conference Center, 100 Drury Lane, Oakbrook Terrace, IL 60181 in the Oak and Brook Rooms. Space assignments will be made on a first-come, first-serve basis. The ICHP registration desk will be located in the foyer for your convenience.

REGISTRATION FEE

The registration fee for the ICHP 2014 showcase is \$100.00 and includes a 2' x 6' table top and 2 chairs.

HOW TO APPLY

To register your residency program for a showcase table, you must complete the attached Residency Showcase Registration Form and submit a residency description no later than Friday, August 15.

For maximum recognition of your residency program, we are asking that you submit a brief summary of your residency. This summary should include:

- The name of your facility and location (city and state)
- The number of residency program positions available
- A brief description of your facility
- A brief description or goal(s) of your residency program

Save the description as a Word document and email this information to JHaley@ichpnet.org by August 15 to ensure your residency description is included in the 2014 Annual Meeting program materials.

SATURDAY'S SCHEDULE

Student events on Saturday are highlighted below.

9:00 AM - 11:30 AM

Student Session: Roundtables on Pharmacy Residencies

10:30 AM - 1:00 PM

Residency Showcase Set-Up

1:00 PM - 3:00 PM

Residency Showcase Program

The Residency Showcase Registration does not include CPE programming or the Lunch and Awards Program.

To register for the 2014 ICHP Annual Meeting CPE sessions, please visit www.ichpnet.org/annual.

DINING

The Cheesecake Factory
2020 Spring Rd, Oak Brook, IL 60523
(630) 573-1800

Houlihan's
56 Oakbrook Center, Oak Brook, IL 60523
(630) 573-0220

Maggiano's Little Italy
240 Oakbrook Center, Oak Brook, IL 60523
(630) 368-0300

Stir Crazy Fresh Asian Grill
105 Oakbrook Center, Oak Brook, IL 60523
(630) 575-0155

HOTEL ACCOMMODATIONS

All showcase representatives are responsible for making their own hotel reservations. Special convention room rates (Single/Double \$129; Triple \$139; Quad \$149) are available to showcase representatives at The Hilton Garden Inn in Oakbrook Terrace (1000 Drury Lane, Oakbrook Terrace, IL 60181). These rates are available by calling The Hilton Garden Inn (1-877-STAYHGI) prior to August 20 and mentioning that you are attending ICHP's Annual Meeting!

2014 RESIDENCY SHOWCASE REGISTRATION FORM

ICHP's 13th Annual Residency Showcase
Saturday, September 13, 2014
1:00 PM – 3:00 PM

Held in conjunction with the ICHP Annual Meeting
September 11 - 13 • Drury Lane • Oakbrook Terrace, IL

Registration Deadline: August 15, 2014

Send completed form with payment to ICHP:
4055 N. Perryville Road
Loves Park, IL 61111-8653
Phone: 815-227-9292 Fax: 815-227-9294
Email Residency Description to: JHaley@ichpnet.org

To register your residency program for a showcase table, you must complete the registration form below and submit a separate residency description no later than Friday, August 15.

For maximum recognition of your residency program, we are asking that you submit a brief summary of your residency. This summary should include:

- The name of your facility and location (city and state)
- The number of residency program positions available
- A brief description of your facility
- A brief description and/or goal(s) of your residency program

Save the description as a Word document and email this information to JHaley@ichpnet.org by August 15 to ensure your residency description is included in the 2014 Annual Meeting program materials.

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Name of Residency Facility

Positions Available

Address of Residency Facility

City/State/Zip Code of Residency Facility

Name and Credentials of Residency Director

Email/Phone Number of Residency Director

The following information will appear on your Residency Showcase Badges unless otherwise stated. Updated information can be emailed to JHaley@ichpnet.org. Name, Credentials, and Titles of Person(s) who will staff the showcase booth:

| Name | Credentials | Title |
|-------|-------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PAYMENT METHOD (ICHP'S FEDERAL TAX ID #: 36-2887899)

Showcase registration fee is \$100.

MY TOTAL IS \$ _____.

*The Residency Showcase Registration does **not** include the Lunch and Awards Program.*

Charge the following credit card. Fax form to 815-227-9294.

Credit Card Account: # _____

Expiration Date: _____ CVV2 Security Code: _____

Billing Address: _____ City/State/Zip: _____

Name on Card: _____

Authorized Signature: _____

Check. Mail form with check (payable to ICHP).

ICHP, 4055 N. Perryville Rd, Loves Park, IL 61111-8653

Invoice my company. Mail or fax form.