

# REVERSE EXHIBIT



## CHARTING A BOLD COURSE FOR ILLINOIS PHARMACY!

Illinois Council of Health-System Pharmacists 2014 Annual Meeting

Friday, September 12, 2014  
8:00 AM – 10:00 AM

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

An  
innovative  
way to  
network

## Why You Should Steer Toward Networking with Illinois' Most Prestigious Hospitals and Health-Systems

The Reverse Exhibit is exactly what the name suggests: *a reversal of the traditional tradeshow format*. Hospital pharmacy decision makers (pharmacy directors, clinical managers, drug information specialists, and buyers) will each host a table while vendors walk the floor.





### How It Works

In practice, the Reverse Exhibit concept is very similar to speed dating. Suppliers, vendors, and manufacturers will have up to 5 minutes of one-on-one time with a hospital pharmacy decision maker before moving to the next pharmacy decision maker of their choice.




Five minutes should be an ample amount of time for a vendor to identify a viable business opportunity, and also for a hospital pharmacy decision maker to recognize whether the product or solution will meet their needs. If you feel you need more time, you have the opportunity to finish your conversation during the Annual Meeting Exhibit Program.

During the Reverse Exhibit, each hospital pharmacy or health-system will have an ID sign on their table – clearly marking their facility, city, their name, and job title. Maps will be available to facilitate easy navigation.

### Ways to Attend the Reverse Exhibit

-  **NEW!** – Platinum Sponsors receive admission for two representatives to the Reverse Exhibit  
*Platinum Sponsorship \$5,000; see Exhibitor Guide for details.*
-  **NEW!** – Gold Sponsors receive admission for one representative to the Reverse Exhibit  
*Gold Sponsorship \$3,000; see Exhibitor Guide for details.*
-  Exhibit Showcase exhibitors can purchase admission to the Reverse Exhibit for \$495 per representative.
-  **NEW!** – Purchase a Stand Alone Reverse Exhibit for \$1495 for the first representative, plus \$495 for each additional representative

### Why You'll Want to Attend the ICHP Annual Meeting Reverse Exhibit

-  **ONE-ON-ONE TIME** with hospital and health-system pharmacy directors and other key decision makers from Illinois
-  **OPPORTUNITY** to build relationships and promote your products and services with **REAL DECISION MAKERS** who you may not otherwise have access to.
-  **MORE EXPOSURE AND VISIBILITY** beyond the Annual Meeting Exhibitor Showcase

# Reverse Exhibit Registration



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September 11 - 13, 2014 ▪ Oakbrook Terrace, Illinois

### Please Check One

- Platinum Sponsor  
*Reverse Exhibit admission for two representatives included with price of sponsorship. Platinum Sponsorship \$5,000; see Exhibitor Guide for details.*
- Gold Sponsor  
*Reverse Exhibit admission for one representative included with price of sponsorship. Gold Sponsorship \$3,000; see Exhibitor Guide for details.*
- Exhibit Showcase exhibitor \$495 each representative
- Stand Alone Reverse Exhibit \$1495 first representative
  - Additional representative \$495 each additional representative

### Please Print Clearly

Company Name \_\_\_\_\_  
Full Name \_\_\_\_\_  
*Name of representative that will be attending reverse exhibit*

Job Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone/Fax \_\_\_\_\_

E-Mail \_\_\_\_\_  
*Required to receive important meeting information*

### Correspondence Regarding This Exhibit Should be Sent To

Contact Person \_\_\_\_\_

Job Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone/Fax \_\_\_\_\_

E-Mail \_\_\_\_\_  
*Required to receive important meeting information*

### Method of Payment

(ICHP's Federal Tax ID #: 36-2887899)

MY TOTAL \$ \_\_\_\_\_

- Credit card  
*Credit card payments may be faxed to (815) 227-9294*  
Account#: \_\_\_\_\_  
Billing Zip Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
CVV2 Security Code #: \_\_\_\_\_  
Cardholder Name \_\_\_\_\_  
Authorized Signature \_\_\_\_\_
- Check or money order  
*Mail check or money order payable to ICHP,  
4055 N. Perryville Rd, Loves Park, IL 61111-8653*
- Invoice the company  
Mailing Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone/Fax \_\_\_\_\_

### 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

Questions? Contact Jan Mark, Exhibitor Liaison  
(815) 227-9292 • JanM@ichpnet.org

For more information about the Annual Meeting Exhibit Showcase, visit [www.ichpnet.org/annual](http://www.ichpnet.org/annual) for the Annual Meeting Exhibitor Guide and Registration Form.