

# 2015 ICHP/MSHP Spring Meeting Exhibitor Registration Form

Please provide company information as you would like it to appear in the program materials:

Company Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Correspondence regarding this exhibit should be sent to:

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

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

City/State/Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

Credit Card

Charge \$\_\_\_\_\_ to my credit card

Credit Card Account: # \_\_\_\_\_

Expir Date: \_\_\_\_\_ CVV2 Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Fax form with credit card payment to 815-227-9294.

Check

Check has been mailed to: ICHP, 4055 N. Perryville Rd, Loves Park, IL 61111-8653

Mail form with check. Checks should be payable to ICHP.

**Invoicing**

Invoice the company: \_\_\_\_\_

**Acceptance of Contract** — The 2015 ICHP/MSHP Spring Meeting Exhibitor Registration Form must be completed in its entirety and payment made by check, money order or credit card payable to: ICHP. Your exhibit fees are refundable at 50% if a written cancellation request is received prior to February 18, 2015. Space assignments are made according to the "Assignment of Space" criteria listed in the general information section of this guide. Your designated contact person will be notified of your space assignment. Space assignments will be finalized by March 12, 2015. Details are subject to change.

The undersigned hereby authorizes the 2015 ICHP/MSHP Spring Meeting to reserve exhibit space in the St. Charles Convention Center in St. Charles, MO for use by the above company/organization during the 2015 ICHP/MSHP Spring Meeting on March 20-21. The undersigned acknowledges receipt of, and agrees to abide by, the conditions under which exhibit space at the St. Charles Convention Center is leased to the 2015 ICHP/MSHP Spring Meeting as printed in the Exhibitor Guide.

**Image Release Notice:** By registering, you are giving ICHP and MSHP permission to use photographs or video of your company's exhibit and representatives taken at the event. ICHP & MSHP intend to use such photographs and videos only in connection with ICHP & MSHP 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 you.

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Support Opportunities

### Exhibit Space Fees

- Single Exhibit Booth: \$1,000
- Double Exhibit Booth: \$1,750

Companies from whom you desire separation:

\_\_\_\_\_

### Educational Support

For support opportunities for educational programming, please contact the MSHP office at 785-271-0208.

### Meeting Sponsorship

- Diamond: \$7,500 (*limit 1*)
- Platinum: \$5,000
- Gold: \$3,000
- Silver: \$1,500

### WiFi Sponsorship (*limit 1*)

- \$2,000

### Syllabus Advertising

- Back Cover: \$750
- Inside Front Cover: \$600 **SOLD!**
- Full Page: \$500
- Half Page: \$300
- Quarter Page: \$200
- 2 Full Pages: \$800
- 3 Full Pages: \$1,000

**Total Support: \$** \_\_\_\_\_

## Deadline to Remember

### Wednesday, February 18, 2015

- ◆ Deadline for advertising
- ◆ Deadline for sponsorships
- ◆ Deadline for exhibit registration
- ◆ Hotel deadline for guaranteed room rates

## Contact Information

Illinois Council of Health-System Pharmacists  
ICHP/MSHP 2015 Spring Meeting  
4055 N. Perryville Road  
Loves Park, IL 61111  
Phone: 815-227-9292 | Fax: 815-227-9294

Questions? Contact Jan Mark, Exhibitor Liaison  
Phone: 815-227-9292 | Email: JanM@ichpnet.org

**Mail or fax this completed form and payment by Wednesday, February 18, 2015!**