

# 2010 ICHP SPRING MEETING REGISTRATION FORM

*Unleash the Power: Racing Toward Practice Excellence*

MARCH 26 - 27, 2010 • BLOOMINGTON-NORMAL MARRIOTT HOTEL AND CONFERENCE CENTER, NORMAL, IL

(PLEASE PRINT CLEARLY OR TYPE)

Name \_\_\_\_\_

ICHP I.D. # \_\_\_\_\_

Business/School Name \_\_\_\_\_

Business/School Address \_\_\_\_\_

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

Business/School Phone \_\_\_\_\_

Home Address \_\_\_\_\_

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

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Name Badge — as you would like it to appear: (please print)

\_\_\_\_\_

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

## METHOD OF PAYMENT

Enclosed is a personal/company check or money order made payable to: ICHP

Please charge my:

Visa  MasterCard  Discover  American Express

Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV2 Security Code #: \_\_\_\_\_

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

PRINTED Signature: \_\_\_\_\_

(Credit card registrations may be faxed to: 815-227-9294)

**YOU WILL RECEIVE A RECEIPT WHEN YOU PICK UP YOUR REGISTRATION MATERIALS AT THE MEETING.**

**Cancellation Policy:** Cancellations will be accepted in writing prior to March 12, 2010. No cancellations will be accepted after that time. A \$25 processing fee will be applied to all cancellations. Refund checks will be issued after April 1, 2010.

Note: Payments made to ICHP or the ICHP PAC are not deductible charitable contributions for federal income tax purposes. (However, payments made to ICHP may be deductible under other provisions of the Internal Revenue Code.) ICHP Federal Tax ID: #36-2887899.

YES, I will need lunch on:  Friday  Saturday

YES, I will need vegetarian meal(s):  Friday  Saturday



*We will be using your registration for space allocation and meal planning. If there is a change in the dates you indicated, please contact our office immediately. 815-227-9292 Thank you.*

**REGISTER ONLINE: [www.ichpnet.org](http://www.ichpnet.org)**

## FULL REGISTRATION FEES

Full registration includes education sessions, exhibit showcase, continental breakfast, and lunches.

	ICHP MEMBER	ICHP NON-MEMBER	TOTAL
<input type="checkbox"/> <b>PHARMACIST OR INDUSTRY REP</b>			
Before 2/26/10	\$125	\$225	\$ _____
After 2/26/10	\$155	\$255	\$ _____
<input type="checkbox"/> <b>PHARMACY TECHNICIAN</b>			
Before 2/26/10	\$35	\$75	\$ _____
After 2/26/10	\$55	\$95	\$ _____
<input type="checkbox"/> <b>PHARMACY RESIDENT OR STUDENT</b>			
Before 2/26/10	\$30	\$60	\$ _____
After 2/26/10	\$50	\$80	\$ _____

## ONE-DAY REGISTRATION FEES

One-Day Registration includes that day's education sessions, Friday exhibit showcase, continental breakfast on Saturday, and Friday or Saturday lunch. **Please be sure to check which day you will be attending.**

	ICHP MEMBER	ICHP NON-MEMBER	TOTAL
<input type="checkbox"/> <b>PHARMACIST OR INDUSTRY REP</b>	\$75	\$125	\$ _____
<input type="checkbox"/> Friday, 3/26/10 <input type="checkbox"/> Saturday, 3/27/10			
<input type="checkbox"/> <b>PHARMACY TECHNICIAN</b>	\$25	\$55	\$ _____
<input type="checkbox"/> Friday, 3/26/10 <input type="checkbox"/> Saturday, 3/27/10			
<input type="checkbox"/> <b>PHARMACY RESIDENT OR STUDENT</b>	\$20	\$35	\$ _____
<input type="checkbox"/> Friday, 3/26/10 <input type="checkbox"/> Saturday, 3/27/10			



## March Madness PAC Reception

FRIDAY, MARCH 26, 2010 7:00 PM to 10:00 PM

Pharmacist/Industry Rep. **\$50.00**

Technician, Resident, Student **\$25.00**

Yes, I will be participating in the March Madness PAC Reception and I have included \$\_\_\_\_\_ with my registration fee.

No, I am unable to attend the March Madness PAC Reception, but I have included my contribution in the amount of \$\_\_\_\_\_.

**TOTAL AMOUNT INCLUDED:**

\$ \_\_\_\_\_

**Send payment and registration form to:**

ICHP 2010 Spring Meeting  
4055 N Perryville Road  
Loves Park IL 61111-8653  
Phone 815-227-9292  
Fax 815-227-9294  
[www.ichpnet.org](http://www.ichpnet.org)

**ICHP 2010 Spring Meeting**  
Unleash the Power:  
Racing Toward  
Practice Excellence