

ICHP's 16th Annual



Illinois Council of  
Health-System Pharmacists  
2017 Annual Meeting

# RESIDENCY SHOWCASE

Saturday, September 16, 2017  
1:00pm – 3:00pm

Held in conjunction with the  
ICHP Annual Meeting

September 14 - 16, 2017  
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 Chicago College of Pharmacy at the Rockford campus

After a morning of educational programming, student attendees at the ICHP 2017 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 and will be finalized August 24. The ICHP registration desk will be located in the foyer for your convenience.

## REGISTRATION FEE

The registration fee for the ICHP 2017 showcase is \$150.00 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 enclosed Residency Showcase Registration Form and submit a residency description no later than Monday, August 7. Visit [ichpnet.org/events/annual\\_meeting](http://ichpnet.org/events/annual_meeting) to register online.**

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](mailto:JHaley@ichpnet.org) by August 22 to ensure your residency description is included in the 2017 Annual Meeting program materials, including the website, meeting syllabus, and mobile event app.

## SATURDAY'S SCHEDULE

Student events on Saturday are highlighted below.

**8:00am - 11:30am**

Student Session: The Vibrant Shuffle on the Path to a Residency: Getting the Inside Look at the Process and People Involved

**10:30am - 1:00pm**

Residency Showcase Set-Up

**1:00pm - 3:00pm**

Residency Showcase Program

The Residency Showcase Registration does not include CPE programming. To register for the 2017 ICHP Annual Meeting CPE sessions, please visit [ichpnet.org/events/annual\\_meeting](http://ichpnet.org/events/annual_meeting).

## DINING

### The Cheesecake Factory

2020 Spring Road, 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

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

## HOTEL ACCOMMODATIONS

All showcase representatives are responsible for making their own hotel reservations. Special convention room rates (Single/Double \$139, Triple \$149 and Quad \$159 for Wed - Fri) 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 22 and mentioning that you are attending ICHP's Annual Meeting!

# 2017 RESIDENCY SHOWCASE REGISTRATION FORM

ICHP'S 16TH ANNUAL RESIDENCY SHOWCASE  
SATURDAY, SEPTEMBER 16, 2017  
1:00PM – 3:00PM

Held in conjunction with the ICHP Annual Meeting  
September 14 - 16 • Drury Lane • Oakbrook Terrace, IL

Registration Deadline:  
August 22, 2017

**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**  
Register online at  
[ichpnet.org/events/annual\\_meeting](http://ichpnet.org/events/annual_meeting)

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 Tuesday, August 22.

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](mailto:JHaley@ichpnet.org) by August 22 to ensure your residency description is included in the 2017 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 name badges unless otherwise stated. Updated information can be emailed to [JHaley@ichpnet.org](mailto:JHaley@ichpnet.org). **Name and titles of person(s) who will staff the showcase booth:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

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

Showcase registration fee is \$150.

**Charge the following credit card.**

Fax form to 815-227-9294.

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

Billing Zip Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV2 Code: \_\_\_\_\_

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.

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**CANCELLATION POLICY:** Showcase fees are refundable at 50% if a written request is received prior to August 22, 2017. No cancellations will be accepted after that time.

**SECURITY AND LIABILITY:** The Illinois Council of Health-System Pharmacists will provide reasonable and professional security and precautions during non-show hours to safeguard exhibitor's property. However, it is understood that neither ICHP, nor the Drury Lane Conference Center, nor Midwest Conference Service, nor their members, officers, directors, or employees shall be responsible for loss or damage to any property belonging to the exhibitor or any person or persons while in transit to or from, or while at the Drury Lane Conference Center. The exhibitor assumes complete responsibility and liability and agrees to protect, save and hold forever harmless ICHP, Midwest Conference Service, the Drury Lane Conference Center, and all their agents, officers, and employees (hereafter collectively called indemnities) for any and all injury to persons or property in any way connected with the exhibitor's display. The exhibitor agrees to hold harmless the indemnities against and from any and all losses, costs, damage, liability, or expenses (including attorney's fees) arising from or other occurrence to any person or persons, including the exhibitor, its agents, employees, and business invitees which arises from or out of or by reason of said exhibitor's occupancy and use of the exhibition premises or any part thereof, except for losses, costs, damage, liability, or expenses arising from the negligence or willful misconduct of the indemnities.

**PHOTO AND VIDEO CONSENT RELEASE:** I give ICHP permission to use photos, video recordings, and audiotapes of myself and/or company representatives taken at the event. ICHP intends to use such materials only in connection with ICHP official publications, media promotions, web sites, or social media sites, and that these images may be used without further notifying me. Any person desiring not to have their photo taken or distributed must contact the ICHP office in writing and include a photograph. The photo will be used for identification purposes and held in confidence by ICHP.

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

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