

2012 ICHP Annual Meeting - Registration Form

Full Name _____
 Badge Name _____
Name as you want displayed on your name badge
 Job Title _____
 Home Address _____
 City, State, Zip _____
 Home Phone _____
 Email _____
Email required to receive important meeting information
 Business/College Name _____
 Business/College Address _____
 City, State, Zip _____
 Work Phone _____
 Email _____

CPE Monitor

If you plan on obtaining CPE credit, we strongly encourage you to provide your NABP e-Profile ID# and Birthday (as MMDD). Your NABP e-Profile ID is not required at this time to receive CPE credit, but beginning January 1, 2013, it will be required. Visit www.mycpemonitor.net for more information about CPE Monitor and how to obtain your NABP e-Profile ID.

NABP E-Profile ID#: _____ Birthday (MMDD): _____

Meal Selection

We use your registration for space allocation and meal planning. If there is a change in the meals you have indicated, please contact us!

Select the meal(s) you will be attending:

- Thursday CPE Breakfast
- Thursday CPE Lunch Symposium
- Friday Breakfast
- Friday Lunch
- Saturday CPE Breakfast Symposium
- Saturday Luncheon and Awards

I need vegetarian meal(s). 

Method of Payment

You will receive a receipt of payment in your registration materials at the meeting.

- Enclosed is a check or money order made payable to: ICHP

My Total: \$ _____

- Charge my credit card

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

Account#: _____ Billing Zip Code: _____

Expiration Date: _____ CVV2 Security Code #: _____

Cardholder Name: _____

Cardholder Signature: _____

I agree to the following terms of registration (required):

ARS Policy: I acknowledge that I will be required to pay a \$75 replacement fee if I lose or break an ARS device (Audience Response Device).

Cancellation Policy: Cancellations will be accepted in writing prior to August 17, 2012. No cancellations will be accepted after that time. A \$25 processing fee will be applied to all cancellations. Refund checks will be issued after October 1, 2012. Note: Payments made to ICHP and ICHP PAC are not deductible charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. ICHP Federal Tax ID: #36-2887899.

Image Release Notice: I give ICHP permission to use photographs or video of myself taken at the event. ICHP intends to use such photographs and videos only in connection with ICHP 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 me.

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

Full Registration Fees

Full Registration includes education sessions, breakfasts, and lunches.

Early Bird Deadline: August 22

	Member	Non-Member
Pharmacist or Industry Rep		
Early Bird Rate	<input type="checkbox"/> \$225	<input type="checkbox"/> \$350
Regular Rate	<input type="checkbox"/> \$275	<input type="checkbox"/> \$400
Pharmacy Technician		
Early Bird Rate	<input type="checkbox"/> \$105	<input type="checkbox"/> \$185
Regular Rate	<input type="checkbox"/> \$155	<input type="checkbox"/> \$235
Pharmacy Resident		
Early Bird Rate	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80
Regular Rate	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100
Pharmacy Student		
Early Bird Rate	<input type="checkbox"/> \$55	<input type="checkbox"/> \$75
Regular Rate	<input type="checkbox"/> \$75	<input type="checkbox"/> \$95
Non-Pharmacist Hospital Administrator	<i>Must be accompanied by a member pharmacist</i>	
Early Bird Rate	<input type="checkbox"/> \$125	
Regular Rate	<input type="checkbox"/> \$145	
Pharmacy Preceptor/ Student Joint	<i>Both must be members. Joint registration must be received by August 22.</i>	
Early Bird Rate	<input type="checkbox"/> \$175	
Student	_____	
College	_____	
Email	_____	
<input type="checkbox"/> Student needs vegetarian meals!		

One Day Registration Fees

One Day Registration includes that day's education sessions, breakfasts, and lunches, and exhibits on Thursday and Friday.

Early Bird Deadline: August 22

Select the day you will be attending:

- Thursday (9/13) Friday (9/14) Saturday (9/15)

	Member	Non-Member
Pharmacist or Industry Rep		
Early Bird Rate	<input type="checkbox"/> \$125	<input type="checkbox"/> \$200
Regular Rate	<input type="checkbox"/> \$145	<input type="checkbox"/> \$225
Pharmacy Technician		
Early Bird Rate	<input type="checkbox"/> \$55	<input type="checkbox"/> \$95
Regular Rate	<input type="checkbox"/> \$75	<input type="checkbox"/> \$115
Pharmacy Resident		
Early Bird Rate	<input type="checkbox"/> \$35	<input type="checkbox"/> \$50
Regular Rate	<input type="checkbox"/> \$55	<input type="checkbox"/> \$70
Pharmacy Student		
Early Bird Rate	<input type="checkbox"/> \$30	<input type="checkbox"/> \$45
Regular Rate	<input type="checkbox"/> \$50	<input type="checkbox"/> \$65
Non-Pharmacist Hospital Administrator	<i>Must be accompanied by a member pharmacist</i>	
Early Bird Rate	<input type="checkbox"/> \$65	
Regular Rate	<input type="checkbox"/> \$85	