

RESIDENCY SHOWCASE

Saturday, September 15, 2012
1:00 PM — 3:00 PM

Held in conjunction with the ICHP Annual Meeting
 September 13 - 15 • 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 College of Pharmacy
- University of Illinois at Chicago College of Pharmacy
- University of Illinois at Rockford College of Pharmacy
- Midwestern University College of Pharmacy
- Southern Illinois University School of Pharmacy
- Roosevelt University College of Pharmacy
- Rosalind Franklin University College of Pharmacy

After a morning of educational programming, student attendees at the ICHP 2012 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 Terrace Room. Space assignments will be made on first-come, first-serve basis. The ICHP registration desk will be located in the foyer for your convenience.

REGISTRATION FEE

The registration fee for the ICHP 2012 showcase is \$100.00 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 attached Residency Showcase Registration Form and submit a residency description no later than Friday, August 17.

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 by August 17 to ensure your residency description is included in the 2012 Annual Meeting program materials.

SOLVING THE HEALTHCARE PUZZLE:

WHERE DOES PHARMACY FIT?

Illinois Council of Health-System Pharmacists
 Annual Meeting



SATURDAY'S SCHEDULE

Student events on Saturday are highlighted below.

8:30 AM - 9:30 AM
Residency Project Pearls

9:00 AM - 11:30 AM
Student Session: Roundtables on Residency Programs

10:30 AM - 1:00 AM
Residency Showcase Set-Up

11:30 AM - 1:00 PM
Lunch and Awards Program
 Residency Showcase representatives are invited to attend this event. 2 complimentary lunches are available to each registered showcase residency.

1:00 PM - 3:00 PM
Residency Showcase Program

HOTEL ACCOMMODATIONS

All showcase representatives are responsible for making their own hotel reservations. Special convention room rates 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!

Wednesday, September 12
 Single/Double \$139; Triple \$149; Quad \$159

Thursday, September 13
 Single/Double \$99; Triple \$99; Quad \$99

Friday, September 14
 Single/Double \$99; Triple \$99; Quad \$99

2012 RESIDENCY SHOWCASE REGISTRATION FORM

ICHP's 11th Annual Residency Showcase
Saturday, September 15, 2012
1:00 PM — 3:00 PM

Held in conjunction with the ICHP Annual Meeting
 September 13 - 15 • Drury Lane • Oakbrook Terrace, IL

Registration Deadline: August 17, 2012

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

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 Friday, August 17.

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 by August 17 to ensure your residency description is included in the 2012 Annual Meeting program materials.

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 Badges unless otherwise stated. Updated information can be emailed to JHaley@ichpnet.org. Name, Credentials, and Titles of Person(s) who will staff the showcase booth:

Name	Credentials	Title	Complimentary Cost of Lunch

Name	Credentials	Title	Complimentary Cost of Lunch

Name	Credentials	Title	\$25 Cost of Lunch

Name	Credentials	Title	\$25 Cost of Lunch

LUNCH AND AWARDS PROGRAM

Residency Showcase Representatives are invited to attend this event.

2 complimentary lunches are available to each registered showcase residency. Additional lunches are available at \$25 per representative.

- YES, we will be attending the Lunch and Awards Program.**
 Number Attending: _____
 Vegetarian Meals Needed: _____

- NO, we will not be attending the Lunch and Awards Program.**

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

Showcase registration fee is \$100. Additional lunches are \$25. **MY TOTAL IS \$_____.**

- Charge the following credit card.** Fax form to 815-227-9294.
 Credit Card Account: # _____
 Expiration Date: _____ CVV2 Security Code: _____
 Billing Address: _____
 City/State/Zip: _____
 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.