

# RESIDENCY SHOWCASE

**Saturday, September 21, 2013**  
**1:00 PM — 3:00 PM**

*Held in conjunction with the ICHP Annual Meeting*  
 September 19 - 21 • Drury Lane • Oakbrook Terrace, IL

**50 Years of Caring**  
**for Patients, the Profession**  
**and Each Other**

Illinois Council of Health-System Pharmacists  
 Annual Meeting



The Illinois Council of Health-System Pharmacists invites you to showcase your residency program to students from pharmacy schools in Illinois including:

- *University of Illinois at Chicago College of Pharmacy*
- *University of Illinois at Rockford College of Pharmacy*
- *Midwestern University Chicago College of Pharmacy*
- *Southern Illinois University Edwardsville School of Pharmacy*
- *Chicago State University College of Pharmacy*
- *Roosevelt University College of Pharmacy*
- *Rosalind Franklin University College of Pharmacy*

After a morning of educational programming, student attendees at the ICHP 2013 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 a 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 2013 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 23.**

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 23 to ensure your residency description is included in the 2013 Annual Meeting program materials.

## SATURDAY'S SCHEDULE

*Student events on Saturday are highlighted below.*

**9:00 AM - 11:30 AM**

**Student Session: Roundtables on Pharmacy Residencies**

**10:30 AM - 1:00 AM**

**Residency Showcase Set-Up**

**1:00 PM - 3:00 PM**

**Residency Showcase Program**

*The Residency Showcase Registration does not include the Lunch and Awards 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 Suites in Oakbrook Terrace (10 Drury Lane, Oakbrook Terrace, IL 60181). These rates are available by calling The Hilton Suites (630-941-0100) prior to August 28 and mentioning that you are attending ICHP's Annual Meeting!

Wednesday, September 18

Single/Double \$139; Triple \$149; Quad \$159

Thursday, September 19

Single/Double \$109; Triple \$119; Quad \$129

Friday, September 20

Single/Double \$109; Triple \$119; Quad \$129

# 2013 RESIDENCY SHOWCASE REGISTRATION FORM

**ICHP's 12th Annual Residency Showcase**  
**Saturday, September 21, 2013**  
**1:00 PM — 3:00 PM**

*Held in conjunction with the ICHP Annual Meeting*  
September 19 - 21 • Drury Lane • Oakbrook Terrace, IL

**Registration Deadline: August 23, 2013**

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 23.**

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 23 to ensure your residency description is included in the 2013 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

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

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

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

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

Showcase registration fee is \$100. **MY TOTAL IS \$ \_\_\_\_\_.**

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

**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.