

**Please provide company information as you would like it to appear in the program materials:**

Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Website: \_\_\_\_\_

**Correspondence regarding this exhibit should be sent to:**

Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Payment Method** (ICHP's Federal Tax ID #: 36-2887899)

- Charge \$\_\_\_\_\_ to my credit card**  
 Credit Card Account: # \_\_\_\_\_  
 Expir Date: \_\_\_\_\_ CVV2 Security Code: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_  
 Fax form with credit card payment to 815-227-9294.
- Check. Mail form with check (payable to ICHP).**  
 ICHP, 4055 N. Perryville Rd, Loves Park, IL 61111-8653
- Invoice the company:** \_\_\_\_\_

**Acceptance of Contract**

The ICHP 2013 Annual Meeting Exhibitor Registration must be completed in its entirety and payment made by check, money order or credit card payable to: ICHP. Your exhibit fees are refundable at 50% if a written cancellation request is received prior to August 8, 2013. Space assignments are made according to the "Assignment of Space" criteria listed in the general information section of this prospectus. Your designated contact person will be notified of your space assignment. Space assignments will be finalized by August 28. Details are subject to change.

The undersigned hereby authorizes the 2013 Illinois Council of Health-System Pharmacists Annual Meeting to reserve exhibit space in the Drury Lane Conference Center, Oakbrook Terrace, Illinois for use by the above company/organization during the 2013 ICHP Annual Meeting on September 19 and 20. The undersigned acknowledges receipt of, and agrees to abide by, the conditions under which exhibit space at the Drury Lane Conference Center is leased to the 2013 ICHP Annual Meeting as printed in the Exhibitor Guide.

**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 expense caused solely by the negligence or wrongful acts of indemnities.

**Photo and Video Consent Release:** I give ICHP permission to use photos, video recordings, and audiotapes, of myself 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.

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

**Support Opportunities**

**Exhibit Space Fees**

- Single booth (pipe and drape): \$1,000
- Double booth (pipe and drape): \$1,500

**Companies from whom you desire booth separation:**

\_\_\_\_\_

**Educational Support**

For support opportunities for educational programming, please contact ICHP.

**Meeting Sponsorship**

- Platinum - \$5,000+
- Gold - \$3,000+
- Silver - \$1,500 +

**Syllabus Advertising**

- Back Cover: \$750
- Inside Front Cover: \$600
- Full Page: \$500
- Half Page: \$300
- 2 Full Pages: \$800
- 3 Full Pages: \$1,000

**Contact Information**

Illinois Council of Health-System Pharmacists  
 ICHP 2013 Annual Meeting  
 4055 N. Perryville Road  
 Loves Park, IL 61111  
 Phone: 815-227-9292 | Fax: 815-227-9294

**Questions?** Contact Jan Mark, Exhibitor Liaison  
 Phone: 815-227-9292 | Email: JanM@ichpnet.org

Mail or fax this completed form & payment by Friday, August 23, 2013!

*Dates to Remember*

**August 23, 2013**

- ★ Deadline for advertising
- ★ Deadline for sponsorships
- ★ Deadline for exhibit booth registration

**August 28, 2013**

- ★ Deadline for guaranteed hotel rates
- ★ Exhibit space assignments finalized