



Registration Form

2011 ICHP/MSHP Spring Meeting

Thursday, April 14 - Saturday, April 16, 2011

St. Charles Convention Center • St. Charles, MO



Please print clearly or type

Name _____

Home Address _____

City, State, Zip _____

Home Phone _____ E-Mail _____

Business or School Name _____

Business Address _____ City, State, Zip _____

Business Phone _____ Business Fax _____

Badge Name _____ Job Title _____

Full Registration Fees

Full Registration includes education sessions, breakfasts, lunches, and Friday's exhibit showcases.

Register before 3/25/2011 for Early Bird Rates!

	ICHP or MSHP Member	ICHP or MSHP Non-Member	Total
Pharmacist or Healthcare Provider			
<input type="checkbox"/> Early Bird Rate (before 3/25/11)	\$225	\$375	_____
<input type="checkbox"/> Regular Rate	\$255	\$405	_____
Pharmacy Technician			
<input type="checkbox"/> Early Bird Rate (before 3/25/11)	\$50	\$90	_____
<input type="checkbox"/> Regular Rate	\$85	\$125	_____
Pharmacy Resident or Student			
<input type="checkbox"/> Early Bird Rate (before 3/25/11)	\$35	\$60	_____
<input type="checkbox"/> Regular Rate	\$50	\$75	_____

Pharmacy Preceptor/Student Joint (Full Registration Only)

Full Meeting Registration includes education sessions, breakfasts, lunches, and Friday's exhibit showcases.

Both preceptor and student must be ICHP or MSHP members. **Register before 3/25/2011 for Early Bird Rates!**

<input type="checkbox"/> Early Bird Rate (before 3/25/11)	\$130
<input type="checkbox"/> Regular Rate	\$170

Student Name _____

College _____

E-Mail _____

Student needs vegetarian meal(s) for
 Friday Saturday

One-Day Registration Fees

One-Day Registration includes that day's education sessions, breakfast, lunch, and Friday's exhibit showcases.

Select your day: Friday, April 15 Saturday, April 16

	ICHP or MSHP Member	ICHP or MSHP Non-Member	Total
Pharmacist or Healthcare Provider			
<input type="checkbox"/> Regular Rate	\$130	\$185	_____
Pharmacy Technician			
<input type="checkbox"/> Regular Rate	\$25	\$65	_____
Pharmacy Resident or Student			
<input type="checkbox"/> Regular Rate	\$25	\$45	_____



I need vegetarian meal(s) for
 Friday Saturday

Method of Payment

My grand total is \$_____. You will receive a receipt when you pick up your registration materials at the meeting.

Enclosed is a check or money order made payable to: ICHP Please charge my credit card: Visa, MasterCard, Discover, or American Express

Account#: _____

Expiration Date: _____ CVV2 Security Code #: _____

Cardholder Name: _____

Cardholder Signature _____

Cancellation Policy: Cancellations will be accepted in writing prior to April 4, 2011. No cancellations will be accepted after that time. A \$25 processing fee will be applied to all cancellations. Refund checks will be issued after May 1, 2011. **Note:** Payments made to ICHP or MSHP 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. MSHP Federal Tax ID: #43-1243991. **Image Release Notice:** By registering for the ICHP/MSHP 2011 Spring Meeting, you are giving ICHP and MSHP permission to use photographs taken at the Spring Meeting of yourself in ICHP and MSHP publication materials and on the ICHP or MSHP website.