

# Illinois Council of Health-System Pharmacists 2014 Spring Meeting Registration Form

or register online at [www.ichpnet.org](http://www.ichpnet.org)

**Early Bird  
Deadline:  
3/4/2014**

Full Name \_\_\_\_\_  
 Badge Name \_\_\_\_\_  
*Name as you want displayed on your name badge*  
 Job Title \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
*E-Mail required to receive important meeting information*  
 Business/College Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

## CPE Monitor

If you plan on obtaining CPE credit, you must provide your NABP e-Profile ID# and Birthday (as MMDD). Your NABP e-Profile ID is required to receive CPE credit. Visit [www.mycpemonitor.net](http://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 dates you have indicated, please contact us! Select the meals that you will be attending:

☐ Friday Lunch Keynote

*Must attend CPE session.*

☐ Saturday Breakfast

☐ Saturday Lunch & Town Hall Meeting

I need vegetarian meal(s):

☐ Friday  
☐ Saturday



## Method of Payment

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

☐ Charge my credit card

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

Account#: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

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

**Cancellation Policy:** Cancellations will be accepted in writing prior to February 28, 2014. No cancellations will be accepted after that time. A \$25 processing fee will be applied to all cancellations. Refund checks will be issued after March 31, 2014. **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:** By registering, you are giving ICHP permission to use photographs or video of yourself 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 you.



**Total Amount Included: \$** \_\_\_\_\_

**Send payment and registration form to:**

ICHP  
 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, breaks, lunches and exhibit program.

	Member	Non-Member
<b>Pharmacist or Industry Rep</b>		
Early Bird Rate	<input type="checkbox"/> \$150	<input type="checkbox"/> \$280
Regular Rate	<input type="checkbox"/> \$180	<input type="checkbox"/> \$310
<b>Pharmacy Technician</b>		
Early Bird Rate	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100
Regular Rate	<input type="checkbox"/> \$80	<input type="checkbox"/> \$120
<b>Pharmacy Resident</b>		
Early Bird Rate	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100
Regular Rate	<input type="checkbox"/> \$80	<input type="checkbox"/> \$120
<b>Pharmacy Student</b>		
Early Bird Rate	<input type="checkbox"/> \$35	<input type="checkbox"/> \$65
Regular Rate	<input type="checkbox"/> \$55	<input type="checkbox"/> \$85

### Non-Pharmacist Hospital Administrator

*when accompanied by a member pharmacist*

Early Bird Rate ☐ \$89  
 Regular Rate ☐ \$99

### Pharmacy Preceptor/ Student Joint

*both preceptor and student must be members*

Early Bird Rate ☐ \$125

Student \_\_\_\_\_

College \_\_\_\_\_

E-Mail \_\_\_\_\_

☐ Student needs vegetarian meal(s)

## One Day Registration

One Day Registration includes that day's education sessions, breakfast, breaks, lunch, and exhibit program on Friday. Select the day you will be attending:

☐ Friday, 3/28/2014

☐ Saturday, 3/29/2014

	Member	Non-Member
<b>Pharmacist or Industry Rep</b>		
Early Bird Rate	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150
Regular Rate	<input type="checkbox"/> \$105	<input type="checkbox"/> \$170
<b>Pharmacy Technician</b>		
Early Bird Rate	<input type="checkbox"/> \$35	<input type="checkbox"/> \$65
Regular Rate	<input type="checkbox"/> \$55	<input type="checkbox"/> \$85
<b>Pharmacy Resident</b>		
Early Bird Rate	<input type="checkbox"/> \$35	<input type="checkbox"/> \$65
Regular Rate	<input type="checkbox"/> \$55	<input type="checkbox"/> \$85
<b>Pharmacy Student</b>		
Early Bird Rate	<input type="checkbox"/> \$25	<input type="checkbox"/> \$40
Regular Rate	<input type="checkbox"/> \$40	<input type="checkbox"/> \$55
<b>Non-Pharmacist Hospital Administrator</b>		
Early Bird Rate	<input type="checkbox"/> \$45	
Regular Rate	<input type="checkbox"/> \$55	

*when accompanied by a member pharmacist*



## Pharmacy Action Fund Poker Party

Friday, 3/28/2014 | 7:00 PM to 10:00 PM

\$50 per Pharmacist/Industry Rep  
 \$25 per Technician/Resident/Student

☐ Yes, I will be participating in the PAC Poker Party and I have included \$\_\_\_\_\_ with my registration fee.

☐ No, I am unable to attend the PAC Poker Party, but I have included my contribution in the amount of \$\_\_\_\_\_.