

# REGISTRATION FORM

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

**early bird  
deadline:  
8/21/11**

**PLEASE PRINT CLEARLY**


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

**CPE MONITOR** - *If you plan on obtaining continuing pharmacy education credit, we strongly encourage you to provide your NABP ID# and Birthday (MMDD) when registering for the Annual Meeting. Beginning in 2012, this information will be required by any participants seeking CPE credit. Visit [www.ichpnet.org/cpemonitor](http://www.ichpnet.org/cpemonitor) for information about CPE Monitor and how to obtain your NABP ID.*

NABP ID#: \_\_\_\_\_  
 Birthday (MMDD): \_\_\_\_\_

**MEAL SELECTION**

*Select the meals that you will be attending:*

Thursday Breakfast                       Saturday Breakfast  
 Thursday CPE Lunch Symposium    Saturday Luncheon and Awards  
 Friday Breakfast                                I need vegetarian meal(s).  
 Friday Lunch

*We use your registration for space allocation and meal planning. If there is a change in the dates you have indicated, please contact the ICHP office! Thank you!*

**METHOD OF PAYMENT**

My grand total is \$ \_\_\_\_\_.

Enclosed is a check or money order made payable to: ICHP  
 Charge my:  Visa  MasterCard  Discover  American Express  
*Credit card payments may be faxed to ICHP: (815) 227-9294*  
 Account#: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ CVV2 Security Code #: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_

*You will receive a receipt for your payment when you pick up your registration materials at the meeting.*

**FULL REGISTRATION FEES**

Full Registration includes education sessions, breakfasts, and lunches.

	Member	Non-Member	Total
<b>Pharmacist or Industry Rep</b>			
Early Bird Rate (before 8/21/11)	<input type="checkbox"/> \$225	<input type="checkbox"/> \$350	\$ _____
Regular Rate	<input type="checkbox"/> \$275	<input type="checkbox"/> \$400	\$ _____
<b>Pharmacist Technician</b>			
Early Bird Rate (before 8/21/11)	<input type="checkbox"/> \$105	<input type="checkbox"/> \$185	\$ _____
Regular Rate	<input type="checkbox"/> \$155	<input type="checkbox"/> \$235	\$ _____
<b>Pharmacy Resident</b>			
Early Bird Rate (before 8/21/11)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$65	\$ _____
Regular Rate	<input type="checkbox"/> \$55	<input type="checkbox"/> \$85	\$ _____
<b>Pharmacy Student</b>			
Early Bird Rate (before 8/21/11)	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60	\$ _____
Regular Rate	<input type="checkbox"/> \$50	<input type="checkbox"/> \$80	\$ _____
<b>Non-Pharmacist Hospital Administrator</b>	<i>when accompanied by a member pharmacist</i>		
Early Bird Rate (before 8/21/11)	<input type="checkbox"/> \$99		\$ _____
Regular Rate	<input type="checkbox"/> \$109		\$ _____
<b>Pharmacy Preceptor/Student Joint</b>	<i>both must be members</i>		
Early Bird Rate (before 8/21/11)	<input type="checkbox"/> \$130		\$ _____
Regular Rate	<input type="checkbox"/> \$160		\$ _____

Student \_\_\_\_\_  
 College \_\_\_\_\_  
 E-Mail \_\_\_\_\_

Student needs vegetarian meal(s)

**ONE DAY REGISTRATION**

One Day Registration includes *THAT DAY'S* education sessions, breakfasts, and lunches, and the exhibits on Thursday and Friday.

*Select the day you will be attending:*

Thursday, 9/15     Friday, 9/16     Saturday, 9/17

	Member	Non-Member	Total
<b>Pharmacist or Industry Rep</b>			
Early Bird Rate (before 8/21/11)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$200	\$ _____
Regular Rate	<input type="checkbox"/> \$145	<input type="checkbox"/> \$225	\$ _____
<b>Pharmacist Technician</b>			
Early Bird Rate (before 8/21/11)	<input type="checkbox"/> \$55	<input type="checkbox"/> \$95	\$ _____
Regular Rate	<input type="checkbox"/> \$75	<input type="checkbox"/> \$115	\$ _____
<b>Pharmacy Resident</b>			
Early Bird Rate (before 8/21/11)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$40	\$ _____
Regular Rate	<input type="checkbox"/> \$45	<input type="checkbox"/> \$60	\$ _____
<b>Pharmacy Student</b>			
Early Bird Rate (before 8/21/11)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$40	\$ _____
Regular Rate	<input type="checkbox"/> \$45	<input type="checkbox"/> \$60	\$ _____
<b>Non-Pharmacist Hospital Administrator</b>	<i>when accompanied by a member pharmacist</i>		
Early Bird Rate (before 8/21/11)	<input type="checkbox"/> \$50		\$ _____
Regular Rate	<input type="checkbox"/> \$70		\$ _____

**Cancellation Policy:** Cancellations will be accepted in writing prior to August 18, 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 November 1, 2011. **Note:** Payments made to ICHP 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.

**SEND COMPLETED FORM AND PAYMENT TO:**

Illinois Council of Health-System Pharmacists  
 4055 N. Perryville Road  
 Loves Park, IL 61111-8653  
 Phone: (815) 227-9292 Fax: (815) 227-9294