ILLINOIS COUNCIL OF HEALTH-SYSTEM PHARMACISTS 2011 A N N U A L M E E T I N G REGISTRATION FORM early bird register online at www.ichanet.org early bird deadline:

register online at www.ichpnet.org

PLEASE PRINT CLEARLY

Full Name	Full Registration and lunches.
Badge Name	und functies.
Job Title	Pharmacist or Industry
Home Address	Early Bird Rate (be Regular Rate
City, State, Zip	Pharmacist Technician
Home Phone	Early Bird Rate (be Regular Rate
E-Mail	Pharmacy Resident
Business/College Name	Early Bird Rate (be Regular Rate
Address	Pharmacy Student
City, State, Zip	Early Bird Rate (be
Phone Fax	Regular Rate
CPE MONITOR - If you plan on obtaining continuing phar- macy education credit, we strongly encourage you to provide your NABP ID# and Birthday (MMDD) when registering for the Annual	Non-Pharmacist Hospita Early Bird Rate (be Regular Rate
MABP IDH 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 for information about CPE Monitor and how to obtain your NABP ID.	Pharmacy Preceptor/St Early Bird Rate (be Regular Rate Student
NABP ID#:	College
Birthday (MMDD):	E-Mail
	□ Student needs veg
Meal Selection	
Select the meals that you will be attending:	One Day Regi
Thursday Breakfast Saturday Breakfast	One Day Registration Sessions, breakfast
□ Thursday CPE Lunch Symposium □ Saturday Luncheon and Awards	Thursday and Fri
□ Friday Breakfast □ I need vegetarian meal(s).	Select the day you
□ Friday Lunch	□ Thursday, 9/1
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!	Pharmacist or Industry Early Bird Rate (be
Method of Payment	Regular Rate
My grand total is \$ □Enclosed is a check or money order made payable to: ICHP	Pharmacist Technician Early Bird Rate (be
□Charge my: □ <i>Visa</i> □ <i>MasterCard</i> □ <i>Discover</i> □ <i>American Express</i>	Regular Rate
Credit card payments may be faxed to ICHP: (815) 227-9294 Account#:	Pharmacy Resident Early Bird Rate (be Regular Rate
Expiration Date: CVV2 Security Code #:	Pharmacy Student

Cardholder Name: _____

Cardholder Signature:

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

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.

FULL REGISTRATION FEES

Full Registration includes education sessions, breakfasts, and lunches.

8/21/11

Member | Non-Member | Total

Pharmacist or Industry Rep			
Early Bird Rate (before 8/21/11)	□ \$225	□ \$350	\$
Regular Rate	□ \$275	□ \$400	\$
Pharmacist Technician			
Early Bird Rate (before 8/21/11)	□ \$105	□ \$185	\$
Regular Rate	□ \$155	□ \$235	\$
Pharmacy Resident			<u> </u>
Early Bird Rate (before 8/21/11)	□ \$45	□ \$65	\$
Regular Rate			\$
Pharmacy Student	-		<u> </u>
Early Bird Rate (before 8/21/11)	□ \$40	□ \$60	\$
Regular Rate			\$
Non-Pharmacist Hospital Administrator			
Early Bird Rate (before 8/21/11)	when accompanied by a member pharmacist		\$
Regular Rate	□ \$99 □ \$109		\$ \$
Pharmacy Preceptor/Student Joint	both must be members		¢
Early Bird Rate (before 8/21/11)	□ \$130		\$
Regular Rate	□\$	160	\$
Student			
College			
E-Mail			
E-Mail			
E-Mail Student needs vegetarian meal(s) ONE DAY REGISTRATION One Day Registration include	les THAT L	DAY'S educ	ation
E-Mail Student needs vegetarian meal(s)	les <i>THAT L</i> aches, and <i>ding:</i>	AY'S educ the exhibit Saturday,	s on
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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