JOIN US!
The Illinois Council of Health-System Pharmacists invites you to showcase your residency program to students from pharmacy schools in Illinois including:

- Chicago State University College of Pharmacy
- Midwestern University Chicago College of Pharmacy
- Roosevelt University College of Pharmacy
- Rosalind Franklin University College of Pharmacy
- Southern Illinois University Edwardsville School of Pharmacy
- University of Illinois at Chicago College of Pharmacy (Chicago & Rockford campuses)

After a morning of educational programming, student attendees at the ICHP 2019 Annual Meeting will be ready to meet and greet residency directors and representatives from around the Midwest and Great Lakes regions. Many of these students will be completing their formal education within the year and will be considering residencies as a serious step in their career.

RESIDENCY SHOWCASE LOCATION
The ICHP Residency Showcase will be held at Drury Lane Conference Center, 100 Drury Lane, Oakbrook Terrace, IL 60181 in the Oak and Brook Rooms. Space assignments will be made on a first-come, first-serve basis and will be finalized August 26th. The ICHP registration desk will be located in the foyer for your convenience.

REGISTRATION FEE
The registration fee for the ICHP 2019 showcase is $150.00 and includes a 2’ x 6’ table top and 2 chairs.

HOW TO APPLY
To register your residency program for a showcase table, you must complete the enclosed Residency Showcase Registration Form no later than Wednesday, August 7th. Visit ichpnet.org/events/annual_meeting to register online.

For maximum recognition of your residency program, we are asking that you submit a brief summary of your residency. This summary should include:

- The name of your facility and location (city and state)
- The number of residency program positions available
- A brief description of your facility
- A brief description or goal(s) of your residency program

Save the description as a Word document and email this information to JHaley@ichpnet.org by August 21st to ensure your residency description is included in the 2019 Annual Meeting program materials, including the website, and mobile event app.

HOTEL ACCOMMODATIONS
All showcase representatives are responsible for making their own hotel reservations.

Special convention room rates are available to exhibitors at The Hilton Garden Inn in Oakbrook Terrace (1000 Drury Lane, Oakbrook Terrace, IL 60181).

Single/Double: $143
Triple: $153
Quad: $163

These rates are available by calling The Hilton Garden Inn (1-877-STAYHGI) by August 20th. Please mention the ICHP Annual Meeting while making your reservation.

Many dining options are available in and around the Oakbrook Center located just 1 mile from Drury Lane.
2019 RESIDENCY SHOWCASE REGISTRATION FORM

Registration Deadline: August 7, 2019
Description Deadline: August 21, 2019

Send completed form with payment to ICHP:
4055 N. Perryville Road
Loves Park, IL 61111-8653
Phone: 815-227-9292 Fax: 815-227-9294
Email Residency Description to: JHaley@ichpnet.org
Register online at ichp.net/events/annual_meeting

To register your residency program for a showcase table, you must complete the registration form below by Wednesday, August 7th, and submit a separate residency description no later than Wednesday, August 21st.

For maximum recognition of your residency program, we are asking that you submit a brief summary of your residency. This summary should include:
- The name of your facility and location (city and state)
- The number of residency program positions available
- A brief description of your facility
- A brief description and/or goal(s) of your residency program

Save the description as a Word document and email this information to JHaley@ichpnet.org by August 21st to ensure your residency description is included in the 2019 Annual Meeting program materials online.

Name of Residency Facility
Position(s) Available
Address of Residency Facility
City/State/Zip Code of Residency Facility
Name and Credentials of Residency Director
Email/Phone Number of Residency Director
Name and titles of person(s) who will staff the showcase booth:

Name
Title
Name
Title
Name
Title

PAYMENT METHOD (ICHP’S FEDERAL TAX ID #: 36-2887899)
Showcase registration fee is $150.
- Charge the following credit card.
  Fax form to 815-227-9294.
  Account #: ________________________________
  Billing Zip Code: _______ Exp. Date: _______ CVV2 Code: _______
  Name on Card: ________________________________
  Authorized Signature:______________________________

☐ Check. Mail form with check (payable to ICHP).
  ICHP, 4055 N. Perryville Rd, Loves Park, IL 61111-8653

☐ Invoice my company. Mail or fax form.

Please email our receipt to: ________________________________

The Residency Showcase Registration does not include CPE programming or the Lunch and Awards Program.

CANCELLATION POLICY: Showcase fees are refundable at 50% if a written request is received prior to August 22, 2019. No cancellations will be accepted after that time.

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 expenses arising from the negligence or willful misconduct of the indemnities.

PHOTO AND VIDEO CONSENT RELEASE: I give ICHP permission to use photos, video recordings, and audiotapes of myself and/or company representatives 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: ________________________________ Date: ____________

Authorized Signature: ________________________________ Date: ____________