



2021 ICHP ANNUAL MEETING REGISTRATION FORM

I AGREE TO THE FOLLOWING TERMS OF REGISTRATION:

CANCELLATION POLICY: Cancellations will be accepted in writing prior to September 1, 2021. No cancellations will be accepted after that time. A \$25 processing fee will be applied to all cancellations. Refund checks will be issued after October 15, 2021. 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: I give ICHP permission to use photographs or video of myself 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, Instagram, and YouTube, and that these images may be used without further notifying me.

Full Name _____
 Badge Name _____
 (Name as you want displayed on your name badge)
 Job Title _____
 Address _____
 City, State, Zip _____
 Home Phone _____ Cell Phone _____
 Email _____
 Email required to receive important meeting information

Business/College Name _____
 City, State _____
 Work Phone _____
 Emergency Contact Name _____
 Emergency Contact Phone _____

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 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 meals you have indicated, please contact us!

Select the meal(s) you will be attending:

- Thursday Lunch Session*
- Friday Continental Breakfast
- Friday Lunch & Town Hall Meeting*
- Saturday Continental Breakfast
- Saturday Lunch & Awards Program*

*In order to receive the meal, you must attend the full function.

I NEED VEGETARIAN MEAL(S)

OTHER DIETARY RESTRICTIONS:

METHOD OF PAYMENT

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

- 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 Code: _____ Exp. Date: _____ CV2 Code: _____ Cardholder
 Name: _____
 Cardholder Signature: _____

TOTAL PAID \$ _____

SEND PAYMENT AND REGISTRATION FORM TO:
 ICHP ANNUAL MEETING • 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, and lunches.

	MEMBER	NON-MEMBER
EARLY BIRD DEADLINE: SEPTEMBER 1ST		
PHARMACIST OR INDUSTRY REP		
Early Bird Rate	<input type="checkbox"/> \$225	<input type="checkbox"/> \$375
Regular Rate	<input type="checkbox"/> \$325	<input type="checkbox"/> \$475
PHARMACY TECHNICIAN		
Early Bird Rate	<input type="checkbox"/> \$70	<input type="checkbox"/> \$115
Regular Rate	<input type="checkbox"/> \$115	<input type="checkbox"/> \$165
PHARMACY RESIDENT		
Early Bird Rate	<input type="checkbox"/> \$80	<input type="checkbox"/> \$125
Regular Rate	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175
PHARMACY STUDENT		
Early Bird Rate	<input type="checkbox"/> \$40	<input type="checkbox"/> \$65
Regular Rate	<input type="checkbox"/> \$85	<input type="checkbox"/> \$115
NON-PHARMACIST HOSPITAL ADMINISTRATOR	Must be accompanied by a member pharmacist	
Early Bird Rate	<input type="checkbox"/> \$150	
Regular Rate	<input type="checkbox"/> \$180	
PHARMACIST / TECHNICIAN OR RESIDENT JOINT	Both must be members.	
Early Bird Rate	<input type="checkbox"/> \$250	
Regular Rate	<input type="checkbox"/> \$375	
Technician/Resident _____ Work place _____ Email _____ <input type="checkbox"/> Technician/Resident needs vegetarian meals		
PHARMACY PRECEPTOR / STUDENT	Both must be members.	
	<input type="checkbox"/> \$200	(\$300 after Sept. 1)
Student _____ College _____ Email _____ <input type="checkbox"/> Student needs vegetarian meals		

ONE DAY REGISTRATION FEES

One Day Registration includes that day's education sessions, breakfasts, and lunches, and exhibits on Thursday and Friday.

SELECT THE DAY YOU WILL BE ATTENDING:

- Thursday (9/23) Friday (9/24) Saturday (9/25)

	MEMBER	NON-MEMBER
EARLY BIRD DEADLINE: SEPTEMBER 1ST		
PHARMACIST OR INDUSTRY REP		
Early Bird Rate	<input type="checkbox"/> \$100	<input type="checkbox"/> \$150
Regular Rate	<input type="checkbox"/> \$120	<input type="checkbox"/> \$175
PHARMACY TECHNICIAN		
Early Bird Rate	<input type="checkbox"/> \$40	<input type="checkbox"/> \$70
Regular Rate	<input type="checkbox"/> \$55	<input type="checkbox"/> \$85
PHARMACY RESIDENT		
Early Bird Rate	<input type="checkbox"/> \$40	<input type="checkbox"/> \$70
Regular Rate	<input type="checkbox"/> \$55	<input type="checkbox"/> \$85
PHARMACY STUDENT		
Early Bird Rate	<input type="checkbox"/> \$30	<input type="checkbox"/> \$40
Regular Rate	<input type="checkbox"/> \$70	<input type="checkbox"/> \$75
NON-PHARMACIST HOSPITAL ADMINISTRATOR	Must be accompanied by a member pharmacist	
Early Bird Rate	<input type="checkbox"/> \$150	
Regular Rate	<input type="checkbox"/> \$180	