Please RSVP by returning this card to the ICHP office in the envelope provided or online at <u>www.ichpnet.org/50</u> no later than Friday, September 6, 2013 or Friday, August 30, 2013 for reserved seating.

<ul> <li>Individual Reservations at \$75 each x \$75 = \$</li> <li>We are unable to attend, but would like to contribute to the Illinois Council of Health-System Pharmacists</li></ul>	
Name	
Address	
Phone	
Email	

Make checks payable to Illinois Council of Health-System Pharmacists. Please list the names of attendees on reverse side and indicate if vegetarian.

## **Reserved Seating**

Reserved seating arrangements will be honored on a first come, first served basis. Tables seat up to 10. All attendee reservations must be paid for at the time of your reserved seating request.

Attendee Name	Check if vegetarian
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For more information, or to purchase reservations online, please visit *www.ichpnet.org/50* or call the ICHP office at 815-227-9292.

<b>Method of Payment</b> You will receive a receipt of payment via the email address you provided above.			
□ 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:		
Expiration Date:	_ CVV2 Security Code #:		
Cardholder Name:			
Cardholder Signature:			