

# Illinois Council of Health-System Pharmacists 2014 Spring Meeting Exhibitor Registration Form

**Please provide company information as you would like it to appear in the program materials:**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

**Correspondence regarding this exhibit should be sent to:**

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Payment Method (ICHP's Federal Tax ID #: 36-2887899)**

Credit Card

☐ Charge \$\_\_\_\_\_ to my credit card

Credit Card Account: # \_\_\_\_\_

Expir Date: \_\_\_\_\_ CVV2 Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Fax form with credit card payment to 815-227-9294.

Check

☐ Check has been mailed to: ICHP, 4055 N. Perryville Rd, Loves Park, IL 61111-8653

Mail form with check. Checks should be payable to ICHP.

**Invoicing**

☐ Invoice the company: \_\_\_\_\_

**Acceptance of Contract** — The ICHP 2014 Spring Meeting Exhibitor Registration must be completed in its entirety and payment made by check, money order or credit card payable to: ICHP. Your exhibit fees are refundable at 50% if a written cancellation request is received prior to February 28, 2014. Space assignments are made according to the "Assignment of Space" criteria listed in the general information section of this guide. Your designated contact person will be notified of your space assignment. Space assignments will be finalized by March 21, 2014. Details are subject to change.

The undersigned hereby authorizes the 2014 Illinois Council of Health-System Pharmacists Spring Meeting to reserve exhibit space in the Bloomington-Normal Marriott Hotel and Conference Center in Normal, IL for use by the above company/organization during the 2014 ICHP Spring Meeting on March 28. The undersigned acknowledges receipt of, and agrees to abide by, the conditions under which exhibit space at the Bloomington-Normal Marriott Hotel and Conference Center is leased to the 2014 ICHP Spring Meeting as printed in the Exhibitor Guide.

**Image Release Notice:** By registering, you are giving ICHP permission to use photographs or video of your company's exhibit and representatives 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.

**Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Support Opportunities

### Exhibit Space Fees

- ☐ Single Exhibit Table (skirted table top): \$300
- ☐ Double Exhibit Table (skirted table top): \$500

Companies from whom you desire table separation: \_\_\_\_\_

### Hospitality Sponsorship

- ☐ Exhibitor Reception: \$1,200
- ☐ Refreshment Break: \$800

### Educational Support

For support opportunities for educational programming, please contact ICHP.

### Meeting Sponsorship

- ☐ Diamond: \$3,750+
- ☐ Emerald: \$2,250+
- ☐ Pearl: \$1,125+

### Syllabus Advertising

- ☐ Back Cover: \$500
- ☐ Inside Front Cover: \$400
- ☐ Full Page: \$300
- ☐ Half Page: \$175
- ☐ 2 Full Pages: \$550
- ☐ 3 Full Pages: \$675

**Total Support: \$** \_\_\_\_\_

## Deadlines to Remember

### Friday, February 24, 2014

- ◆ Deadline for advertising
- ◆ Deadline for sponsorships
- ◆ Deadline for exhibit table registration

### Thursday, March 4, 2014

- ◆ Hotel deadline for guaranteed room rates

## Contact Information

### Illinois Council of Health-System Pharmacists

ICHP 2014 Spring Meeting  
4055 N. Perryville Road  
Loves Park, IL 61111  
Phone: 815-227-9292 | Fax: 815-227-9294

**Questions? Contact Jan Mark, Exhibitor Liaison**  
Phone: 815-227-9292 | Email: JanM@ichpnet.org

**Mail or fax this completed form and payment by Friday, February 24, 2014!**