

# 2023 ICHP Annual Meeting Registration Form



Full Name \_\_\_\_\_

Badge Name \_\_\_\_\_  
(Name as you want displayed on your name badge)

Job Title \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_  
Email required to receive important meeting information

Worksite \_\_\_\_\_

City, State \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ 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 [nabp.pharmacy/programs/cpe-monitor/](http://nabp.pharmacy/programs/cpe-monitor/) for more information about CPE Monitor and how to obtain your NABP e-Profile ID.

NABP E-Profile ID#: \_\_\_\_\_

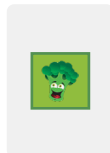
Birthday (MMDD): \_\_\_\_\_

## 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: \_\_\_\_\_ CVV2 Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**TOTAL PAID:** \_\_\_\_\_

## I AGREE TO THE FOLLOWING TERMS OF REGISTRATION:

**CANCELLATION POLICY:** Cancellations will be accepted in writing prior to August 29, 2023. 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 17, 2023. 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.

### 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

Please sign here that you agree to all the information above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FULL REGISTRATION FEES

Full Registration includes education sessions, breakfasts, and lunches.

	MEMBER	NON-MEMBER
<b>Pharmacist or Industry Rep</b>	<b>EARLY BIRD DEADLINE: August 29<sup>th</sup></b>	
Early Bird Rate	\$325	\$475
Regular Rate	\$375	\$525
<b>Pharmacy Technician</b>		
Early Bird Rate	\$90	\$125
Regular Rate	\$125	\$175
<b>Pharmacy Resident</b>		
Early Bird Rate	\$100	\$150
Regular Rate	\$150	\$200
<b>Pharmacy Student</b>		
Early Bird Rate	\$60	\$95
Regular Rate	\$95	\$135
<b>Non-Pharmacist Hospital Administrator</b>	Must be accompanied by a member pharmacist	
Early Bird Rate	\$225	
Regular Rate	\$275	
<b>Joint Pharmacist &amp; Technician/Resident</b>	Both must be members	
Early Bird Rate	\$375	
Regular Rate	\$450	
Technician/Resident:	_____	
Work place	_____	
Email	_____	
	Technician/Resident needs vegetarian meals	
<b>Joint Preceptor/Student</b>	Both must be members.	
	\$350 (\$435 after Aug. 29 <sup>th</sup> )	
Student	_____	
College	_____	
Email	_____	
	Student needs vegetarian meals	
<b>ONE DAY REGISTRATION FEES</b>	One Day Registration includes that day's education sessions, breakfasts, and lunches, and exhibits on Thursday and Friday.	
	<b>SELECT THE DAY YOU WILL BE ATTENDING:</b>	
	<b>Thursday (9/21)</b>	<b>Friday (9/22)</b> <b>Saturday (9/23)</b>
	MEMBER	NON-MEMBER
<b>Pharmacist or Industry Rep</b>	<b>EARLY BIRD DEADLINE: August 29<sup>th</sup></b>	
Early Bird Rate	\$195	\$285
Regular Rate	\$225	\$315
<b>Pharmacy Technician</b>		
Early Bird Rate	\$55	\$80
Regular Rate	\$80	\$110
<b>Pharmacy Resident</b>		
Early Bird Rate	\$65	\$100
Regular Rate	\$90	\$130
<b>Pharmacy Student</b>		
Early Bird Rate	\$45	\$70
Regular Rate	\$65	\$90
<b>Non-Pharmacist Hospital Administrator</b>	Must be accompanied by a member pharmacist	
Early Bird Rate	\$135	
Regular Rate	\$165	

**September 21-23, 2023**  
Drury Lane Theatre & Events  
100 Drury Lane - Oakbrook Terrace, IL