

The Illinois Council of Health-System
Pharmacists presents

THE 2024 ICHP SPRING MEETING

March 15 & 16, 2023
Embassy Suites - East Peoria, IL



CORRESPONDENCE REGARDING THIS EXHIBIT SHOULD BE SENT TO:

Company Name: _____

Contact Person: _____

Mailing Address: _____

City/State/Zip: _____

Cell Phone/Work Phone: _____ / _____

Fax: _____ Email: _____

Website: _____

Names of exhibitors who will need name badges:

Names of reverse exhibit participants who will need name badges:

PAYMENT METHOD: (ICHP's Federal Tax ID #: 36-2887899)

☐ **CREDIT CARD** – Fax form with credit card payment to 815-227-9294.

Charge - \$ _____ to my credit card

Credit Card Account: # _____

Exp. Date: _____ CVV2 Security Code: _____

Billing Address: _____

City/State/Zip: _____

Name on Card: _____

Authorized Signature: _____

☐ **CHECK** - Mail form with check. Checks should be payable to ICHP.

☐ **Check has been mailed to:**

ICHP, 4055 N. Perryville Rd, Loves Park, IL 61111-8653

☐ **INVOICING**

☐ **Invoice the company:** _____

Acceptance of Contract: The 2024 ICHP 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 24, 2024. 2024 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 exhibit booth space assignment. Space assignments will be finalized by March 8, 2024. Details are subject to change. The undersigned hereby authorizes the 2024 ICHP Spring Meeting to reserve exhibit space at Embassy Suites for use by the above company/organization during the 2024 ICHP Spring Meeting on March 15 & 16. The undersigned acknowledges receipt of, and agrees to abide by, the conditions under which exhibit space at Embassy Suites is leased to the 2024 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/MSHP intend to use such photographs and videos only in connection with official publications, media promotions, web sites, or social media sites including but not limited to Facebook®, Instagram®, TikTok®, Twitter®, LinkedIn® and YouTube®, and that these images may be used without further notifying you.

Security and Liability: The Illinois Council of Health-System Pharmacists and Missouri Society 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 Embassy Suites, 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 Embassy Suites. The exhibitor assumes complete responsibility and liability and agrees to protect, save and hold forever harmless ICHP and Embassy Suites, 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.

SUPPORT OPPORTUNITIES

Exhibit Space Fees

- ☐ Single exhibit table: \$600
☐ Double exhibit table: \$1,000

Companies from whom you desire table separation:

Educational Support

For support opportunities for educational programming, please contact SharonK@ichpnet.org.

Meeting Sponsorship

- ☐ Diamond: \$7,500
☐ Platinum: \$5,000
☐ Gold: \$3,000
☐ Silver: \$2,000

Reverse Exhibit

- ☐ Reverse Exhibit Representative: \$1,100 per person

Number of reps attending: _____

Names & emails of representatives:

Name/Email _____

Name/Email _____

Name/Email _____

Name/Email _____

Syllabus Advertising

- ☐ Inside Front Cover: \$600
☐ Full Page: \$500
☐ Half Page: \$300
☐ 2 Full Pages: \$800
☐ 3 Full Pages: \$1,000

Total Support: \$ _____

Authorized Signature:

Title: _____

Date: _____

**Click here to
register
online**

IMPORTANT DATES & DEADLINES

Friday, January 12 th	Preliminary list of pharmacy decision makers made available
Wednesday, February 14 th	Deadline to reserve your hotel room within the ICHP room block
Friday, February 16 th	Registration deadline for Reverse Exhibit, Exhibit Hall, Sponsorships & Ads
Monday, February 19 th	Reverse Exhibit Surveys sent out
Monday, February 26 th	Survey rankings due back to ICHP
Wednesday, March 6 th	Reverse Exhibit Schedules sent out
Friday, March 8 th	Exhibit Hall layout sent out

ILLINOIS COUNCIL OF HEALTH-SYSTEM PHARMACISTS

4055 N. Perryville Road
Loves Park, IL 61111
Phone: 815-227-9292
Fax: 815-227-9294

Questions?

Jan Mark

Phone: 815-227-9292 || JanM@ichpnet.org

We hope you'll join us for the 2024 ICHP Spring Meeting!