

THE 2024 ICHP SPRING MEETING

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



Full Name: _____

Badge Name: _____
(Name you want displayed on your name badge)

Job Title: _____

Address: _____

City/State/Zip: _____

Home Phone/Cell Phone: _____ / _____

Email: _____
(Required to receive important meeting information)

Work site: _____

City/State: _____

Work Phone/Fax: _____ / _____

Emergency Contact: _____

Emergency Contact Phone: _____

MEAL SELECTION:

- ☐ Friday Lunch
- ☐ Saturday Breakfast
- ☐ Saturday Town Hall lunch

FOOD RESTRICTIONS/ALLERGIES:

REGISTRATION FEES

FULL REGISTRATION

Full registration includes two days of education sessions.

	MEMBER	NON MEMBER
PHARMACIST, INDUSTRY REP		
Early Bird Rate	<input type="checkbox"/> \$250	<input type="checkbox"/> \$400
Regular Rate	<input type="checkbox"/> \$300	<input type="checkbox"/> \$450
PHARMACY TECHNICIAN		
Early Bird Rate	<input type="checkbox"/> \$90	<input type="checkbox"/> \$125
Regular Rate	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175
PHARMACY RESIDENT		
Early Bird Rate	<input type="checkbox"/> \$100	<input type="checkbox"/> \$145
Regular Rate	<input type="checkbox"/> \$150	<input type="checkbox"/> \$195
PHARMACY STUDENT		
Early Bird Rate	<input type="checkbox"/> \$50	<input type="checkbox"/> \$85
Regular Rate	<input type="checkbox"/> \$85	<input type="checkbox"/> \$125
JOINT - Pharmacist/Technician or Resident or Preceptor/Student		
Early Bird Rate	<input type="checkbox"/> \$300	Both must be members
Regular Rate	<input type="checkbox"/> \$400	
Tech/Res/Student name:		
Workplace/School:		
Email:		
Food Restrictions:		

ONE-DAY REGISTRATION FEES

One Day Registration includes that day's education sessions.

Select the Day you will be attending:

- ☐ **FRIDAY, MARCH 15, 2024**
- ☐ **SATURDAY, MARCH 16, 2024**

	MEMBER	NON MEMBER
PHARMACIST, INDUSTRY REP		
Early Bird Rate	<input type="checkbox"/> \$150	<input type="checkbox"/> \$240
Regular Rate	<input type="checkbox"/> \$180	<input type="checkbox"/> \$270
PHARMACY TECHNICIAN		
Early Bird Rate	<input type="checkbox"/> \$55	<input type="checkbox"/> \$80
Regular Rate	<input type="checkbox"/> \$80	<input type="checkbox"/> \$110
PHARMACY RESIDENT		
Early Bird Rate	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100
Regular Rate	<input type="checkbox"/> \$90	<input type="checkbox"/> \$130
PHARMACY STUDENT		
Early Bird Rate	<input type="checkbox"/> \$35	<input type="checkbox"/> \$60
Regular Rate	<input type="checkbox"/> \$55	<input type="checkbox"/> \$80

IMPORTANT DEADLINE:

Wednesday, February 14th:

- Early Bird Deadline
- Deadline to reserve your hotel room within the ICHP room block

PAYMENT METHODS

(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:** _____

Address: _____

Email: _____

CANCELLATION POLICY: Cancellations will be accepted in writing prior to February 14, 2024. No cancellations will be accepted after that time. A \$25 processing fee will be applied to all cancellations. Refund checks will be issued after April 1, 2024. Note: Payments made to ICHP 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: By registering, you are giving ICHP permission to use photographs or video of yourself 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 (X), LinkedIn, Instagram, TikTok, and YouTube, and that these images may be used without further notifying you.

Signature _____

Date _____

**ILLINOIS COUNCIL OF
HEALTH-SYSTEM PHARMACISTS**
4055 N. Perryville Road
Loves Park, IL 61111
Phone: 815-227-9292
Fax: 815-227-9294

A separate registration form will be sent out for the PAC event.

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