



**S P R I N G F I E L D**

**Exhibits open October 4 & 5!**  
**REGISTRATION DEADLINE IS AUGUST 22, 2019**

**ORGANIZATION NAME**

*Receives space confirmation and preconference correspondence*

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

*Will be used on all communications and signage*

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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

**BILLING INFORMATION**

*Please fill out IF DIFFERENT from above.*

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

**BOOTH REPRESENTATIVES**

*Please forward all information to these individuals.*

FRI: \_\_\_\_\_

SAT: \_\_\_\_\_

**COMPANIES FROM WHICH YOU DESIRE SEPARATION**

\_\_\_\_\_  
 \_\_\_\_\_

Terms and conditions: The exhibitor listed above agrees that the Illinois Pharmacists Annual Conference is authorized to reserve exhibit space at the Crowne Plaza for use by the above company/ organization during the Illinois Pharmacists Annual Conference on 10/03-10/06/2019, and acknowledges receipt of, and agrees to abide by, the conditions under which exhibit space at the Crowne Plaza is leased to the Illinois Pharmacists Annual Conference as printed in this prospectus. All requests are processed on a first come/first serve basis with receipt of paid registration.

Federal Tax ID: IPHA #: 36-1257350

**EVENT SPONSORSHIP**

- PM Product Theater .....12,000.00
- AM Product Theater .....6,000.00
- Platinum Sponsor .....15,000.00
- Gold Sponsor .....10,000.00
- Silver Sponsor .....7,500.00
- Bronze Sponsor .....5,000.00
- Conference Totes .....3,500.00
- President Banquet Co-Sponsor .....3,000.00
- Conference Refreshment Break .....1,500.00
- Printed Lanyards/Badge Holders .....1,200.00
- Student/NPN Series Co-Sponsor .....3,000.00

**EXHIBIT BOOTH SPACE**

- Single Booth (8' x 10') .....900.00
  - Double Booth (8' x 20') .....1,500.00
- Booth Preferences: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**IPhA FOUNDATION PHARM AUCTION**

- Donation: \_\_\_\_\_
- Approximate value of item \$ \_\_\_\_\_

**JOIN US**

- Additional Reception Tickets  
\$25.00/person X \_\_\_\_\_ (qty) = \$ \_\_\_\_\_
- Additional Lunch Tickets  
\$25.00/person X \_\_\_\_\_ (qty) = \$ \_\_\_\_\_
- Please check here if you have any special dietary needs that should be accommodated. An IPhA Representative will contact you to make arrangements.

**PROGRAM BOOKLET ADVERTISING**

- Full Page (Black & White) .....500.00  
 • 8.625" w x 11.25" h, with bleed  
 • 8.5" w x 11" h, trim
- 1/2 Page (Black & White) .....300.00  
 • 8.625" w x 5.625" h, with bleed  
 • 7.625" w x 5" h, trim
- 1/4 Page (Black & White) .....200.00  
 • 4.3125" w x 5.5" h, with bleed  
 • 4.25" w x 5" h, trim

*All ads are non-commissionable.*

**METHOD OF PAYMENT**

**TOTAL DUE:** \$ \_\_\_\_\_

- Check made payable to:  
Illinois Pharmacists Association
- Please charge my:  
 AmEx  Visa  MasterCard

Acct #: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV: \_\_\_\_\_

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

**SEND TO/CONTACT US:**

REGISTER ONLINE: [www.ipha.org](http://www.ipha.org)

FAX TO: (217) 522-7349

**MAIL TO: Illinois Pharmacists Association**

204 West Cook Street  
 Springfield, IL 62704-2526

QUESTIONS: Call (217) 522-7300 or email [kimc@ipha.org](mailto:kimc@ipha.org)