

# 2019 IPHA Annual Conference Registration

October 3-6, 2019 Springfield, IL

**Online Registration**  
 Online Registration available [www.ipha.org/AM19](http://www.ipha.org/AM19)

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

Preferred First Name for Name Badge: \_\_\_\_\_

Credentials: \_\_\_\_\_

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

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

NABP eProfile Number: \_\_\_\_\_ DOB: \_\_\_\_\_

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

College of Pharmacy (Students Only): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

## PRICING OPTIONS

**Full Registration:** Admission to welcome reception, continuing education programs (except CPR), breakfast, lunch, 1 president's banquet ticket, and exhibit hall.

**\*Please note: President's Banquet tickets are NOT included in student pricing.** They are available for an additional fee. Student sponsorships are also available to assist with coverage for those students who want to attend the President's Banquet.

**Single-Day Registration:** Breakfast, lunch, CPE programming and entrance to the exhibits are included. President's Banquet tickets are not included in Saturday registration; can be purchased additionally.

**Please Note: The Spouse option is only for spouses and guests who are non-pharmacy professionals.** If the spouse or guest is also a pharmacy professional, they must register in the appropriate category: Pharmacist, Technician, Student or Non Member.

| IPHA Member  | Early Full Reg Before 8/31              | Full Reg 9/1-9/30                       | Early Single Day Thru 8/31     | Single Day 9/1-9/30            | On Site Full Reg 9/30-10/6     | On Site Single Day Reg 9/30-10/6 |
|--------------|---|---|--------------------------------|--------------------------------|--------------------------------|----------------------------------|
| Pharmacist   | <input type="checkbox"/> \$395          | <input type="checkbox"/> \$445          | <input type="checkbox"/> \$255 | <input type="checkbox"/> \$305 | <input type="checkbox"/> \$470 | <input type="checkbox"/> \$335   |
| Technician   | <input type="checkbox"/> \$275          | <input type="checkbox"/> \$325          | <input type="checkbox"/> \$170 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$245   |
| Student      | <input type="checkbox"/> \$50 thru 9/23 | <input type="checkbox"/> \$50 thru 9/23 | <input type="checkbox"/> \$45  | <input type="checkbox"/> \$45  | <input type="checkbox"/> \$65  | <input type="checkbox"/> \$60    |
| Associate    | <input type="checkbox"/> \$275          | <input type="checkbox"/> \$325          | <input type="checkbox"/> \$170 | <input type="checkbox"/> \$220 | <input type="checkbox"/> \$345 | <input type="checkbox"/> \$245   |
| Spouse/Guest | <input type="checkbox"/> \$220          | <input type="checkbox"/> \$270          | <input type="checkbox"/> \$140 | <input type="checkbox"/> \$190 | <input type="checkbox"/> \$295 | <input type="checkbox"/> \$215   |
| Non-Member   | Early Full Reg Before 8/31              | Full Reg 9/1-9/30                       | Early Single Day Thru 8/31     | Single Day 9/1-9/30            | On Site Full Reg 9/30-10/6     | On Site Single Day Reg 9/30-10/6 |
| Pharmacist   | <input type="checkbox"/> \$595          | <input type="checkbox"/> \$645          | <input type="checkbox"/> \$455 | <input type="checkbox"/> \$505 | <input type="checkbox"/> \$670 | <input type="checkbox"/> \$535   |
| Technician   | <input type="checkbox"/> \$311          | <input type="checkbox"/> \$361          | <input type="checkbox"/> \$206 | <input type="checkbox"/> \$256 | <input type="checkbox"/> \$386 | <input type="checkbox"/> \$281   |
| Student      | <input type="checkbox"/> \$66 thru 9/23 | <input type="checkbox"/> \$66 thru 9/23 | <input type="checkbox"/> \$61  | <input type="checkbox"/> \$61  | <input type="checkbox"/> \$81  | <input type="checkbox"/> \$76    |
| Associate    | <input type="checkbox"/> \$475          | <input type="checkbox"/> \$525          | <input type="checkbox"/> \$370 | <input type="checkbox"/> \$420 | <input type="checkbox"/> \$545 | <input type="checkbox"/> \$445   |

## ADD ONS

### President's Banquet Tickets \*child rates are for 12 and under

Adult \$95 x Qty \_\_\_\_\_ = Total \_\_\_\_\_

Child \$30 x Qty \_\_\_\_\_ = Total \_\_\_\_\_

### Trade Show Lunch \*child rates are for 12 and under

Adult \$35 x Qty \_\_\_\_\_ = Total \_\_\_\_\_

Child \$15 x Qty \_\_\_\_\_ = Total \_\_\_\_\_

### Friday Glo-Bingo Foundation Fundraiser

Regular Ticket \$10       Student Ticket \$5

Guest Ticket \$25

### Sunday CPR Certification

\$60  
 A portion will be completed prior to 10/6 as home study

### Conference Handouts

\$50

### President's Banquet Table Sponsor for 10 Students \$750

Tickets will be provided to sponsor to distribute

### Student Support:

\$500 Summa Cum Laude

\$250 Magna Cum Laude

\$100 Cum Laude

Dean's List : \$ \_\_\_\_\_

## SINGLE DAY REGISTRATION

I will be attending on:  Friday  Saturday

## PACKAGE MEAL ATTENDANCE

Please select the meals included in your package that you will be attending. If a meal is not included, you can select it from the ADD ONS listing.

Thurs Welcome Reception at IPHA Office

Fri Breakfast       Fri Lunch       Fri Exhibit Reception

Sat Breakfast       Sat Lunch       Saturday President's Banquet

\*Saturday President's Banquet is not included in 1 Day Packages or Student Packages. See above to add a la carte banquet ticket

Sunday IPPAC Breakfast

## SPECIAL NEEDS

Please indicate any special physical or dietary needs:

\_\_\_\_\_

## CANCELLATION POLICY

IPHA understands that circumstances arise that require you to cancel. A \$50 processing fee will be applied to all cancellations. No cancellations will be accepted after 9/12/19. Please notify IPHA of any changes prior to the event to help facilitate the check-in process.

## IMAGE RELEASE NOTICE

By registering for the 2019 Illinois Pharmacists Annual Conference, you are giving IPHA permission to use photographs of you taken during the meeting for use in IPHA print and web media.

## HOTEL ACCOMODATIONS

You are responsible for making your own hotel reservations at the following:

**Crowne Plaza Hotel | 3000 S. Dirksen Parkway | Springfield, IL 62703**

Room rates begin at \$107+tx/night. Call 877-227-6963 and ask for the Illinois Pharmacists Association room block for reservations **before September 12th**. Rooms are limited and will go quickly.

## PAYMENT INFORMATION

### PAYMENT INFORMATION

Check to the Illinois Pharmacists Association is enclosed.

**Credit Card:**     Visa     MC     Discover     AmEx

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

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

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

Card Number: \_\_\_\_\_

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

### SEND REGISTRATION AND PAYMENT TO:

Illinois Pharmacists Association | 204 W. Cook St | Springfield, IL 62704  
 Phone: 217-522-7300 | Fax: 217-522-7349 | Email: [jamier@ipha.org](mailto:jamier@ipha.org)