

# 2022 IPhA Annual Conference Registration

September 22-25, 2022 | Springfield, IL

## Onsite Registration Form

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

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

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

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

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

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

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

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

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

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, and CPE programming 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	On Site Full Reg 9/19 - 9/25	On Site Single Day Reg 9/19 - 9/25
Pharmacist	<input type="checkbox"/> \$480	<input type="checkbox"/> \$345
Technician	<input type="checkbox"/> \$355	<input type="checkbox"/> \$255
Student	<input type="checkbox"/> \$75	<input type="checkbox"/> \$70
Associate	<input type="checkbox"/> \$355	<input type="checkbox"/> \$255
Spouse/Guest	<input type="checkbox"/> \$295	<input type="checkbox"/> \$215
Non-Member	On Site Full Reg 9/19 - 9/25	On Site Single Day Reg 9/19 - 9/25
Pharmacist	<input type="checkbox"/> \$670	<input type="checkbox"/> \$535
Technician	<input type="checkbox"/> \$386	<input type="checkbox"/> \$281
Student	<input type="checkbox"/> \$86	<input type="checkbox"/> \$81
Associate	<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 \$35 x Qty \_\_\_\_\_ = Total \_\_\_\_\_

#### Friday Awards Lunch *\*child rates are for 12 and under*

- Adult \$35 x Qty \_\_\_\_\_ = Total \_\_\_\_\_  
 Child \$18 x Qty \_\_\_\_\_ = Total \_\_\_\_\_

#### Sunday CPR Certification \$70

*A portion will be completed prior to 10/6 as home study*

#### Conference Handouts \$75

#### President's Banquet Table Sponsor for 10 Students \$800

*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  
 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 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 9/2/22. Please notify IPhA of any changes prior to the event to help facilitate the check-in process.

### IMAGE RELEASE NOTICE

By registering for the 2022 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.

### PAYMENT INFORMATION

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- Check to the Illinois Pharmacists Association is attached  
 **Credit Card:**  Visa  MC  Discover  AmEx

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

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

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

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

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