

2024 IPhA Annual Conference Registration

September 26-29, 2024 | Springfield, Illinois

On Site Registration Form

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, 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	On Site Full Reg 9/23-9/30	On Site Single Day Reg 9/23-9/30	
	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 9/23-9/30	On Site Single Day Reg 9/23-9/30	
	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 _____

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.

Fri Breakfast Fri Lunch

Sat Breakfast Sat Lunch Saturday President's Banquet

**Saturday President's Banquet is not included in 1 Day or Student Packages. See above to add an 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 9/5/2024

Please notify IPhA of any changes prior to the event to help facilitate the check-in process.

IMAGE RELEASE NOTICE

By registering for the 2024 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 \$115+tx/night. Call 217-529-7777, Option #1 and ask for the Illinois Pharmacists Association room block for reservations before 4:00 pm on Friday, September 5th. Rooms are limited and will go quickly.

PAYMENT INFORMATION

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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