



ILLINOIS PHARMACISTS ASSOCIATION

# EXHIBITOR PROSPECTUS

ANNUAL CONFERENCE 2025

EVENT CONTACT: Kim Condon  
kimc@ipha.org | 217-522-7300

# SPONSORSHIP OPPORTUNITIES

## **GOLD SPONSOR**     **\$7,500**

- Recognition as a Gold Sponsor across all conference materials
- Recognition signage at the conference
- Recognition in electronic communications
- Complimentary large exhibit booth in prime location
- Two complimentary meeting registrations
- Rotating advertising on IPhA website
- Full-page ad in program booklet
- 6 tickets to the President's Gala
- Access to Gold Sponsor Lounge
- 45 minute Gold Sponsor spotlight

**6 Available**

## **SILVER SPONSOR**     **\$5,000**

- Recognition as a Silver Sponsor across all conference materials
- Recognition signage at the conference
- Recognition in electronic communications
- Complimentary exhibit booth in prime location
- One complimentary meeting registration
- Rotating advertising on IPhA website
- Half-page ad in program booklet
- 4 tickets to the President's Gala

**10 Available**

## **BRONZE SPONSOR**     **\$2,500**

- Recognition as a Bronze Sponsor across all conference materials
- Recognition signage at the conference
- Recognition in electronic communications
- Complimentary exhibit booth
- One complimentary meeting registration
- Rotating advertising on IPhA website
- 2 tickets to the President's Gala

**Any sponsorship level booked and paid for by April 30th will receive a 10% discount.**

# PRODUCT THEATER

**3 SPOTS AVAILABLE**

FRIDAY, OCTOBER 10<sup>TH</sup>  
2 ONE-HOUR SESSIONS

+

SATURDAY, OCTOBER 11<sup>TH</sup>  
1 ONE-HOUR SESSION

- One-hour product theater slots available on a first-come, first-serve basis.
- Audio visual provided to include an LCD projector, Windows laptop, large screen, wireless slide advancer, wireless mic and podium mic.
- Complimentary exhibit booth and recognition signage throughout the conference.
- Recognition in Annual Conference digital communications.
- An email event invitation blast as supplied by the sponsor to all conference attendees four weeks prior to the event.
- Company logo recognition on IPhA website.
- A full-page advertisement in the conference program booklet.
- List of conference registrants to include: name, practice site, city, state and email provided two weeks prior to the program date and again three days prior to the program.

*-Please note-*

This contact information is to be only used for the IPhA Annual Conference.

## ADDITIONAL SPONSORSHIP OPPORTUNITIES



Attendee Conference Totes | \$3,500

President's Gala Co-Sponsor | \$3,000

Conference Refreshment Break | \$1,500

Branded Lanyards/Badge Holders | \$1,200

## Booth Information

- Pipe and drape 8'x10' with 8-foot back drape and 3-foot side dividers
- Complimentary name and booth number sign (22"x44")
- One draped 8' table with 2 chairs
- Lunch on Saturday for 2 representatives is included with booth purchase.
- Additional lunch tickets will be available for \$45 each.
- Any exhibitor wishing to receive CPE credits or participate in social functions outside of the exhibit hall must register as a meeting participant.

## Program Booklet Advertising

Attendees receive a program booklet containing the schedule of events, a listing of exhibitors and sponsors, meeting details and advertising pages. Heighten your visibility by advertising in the conference program booklet. Email ads to Kimberly Condon at [kimc@ipha.org](mailto:kimc@ipha.org) by Friday, August 29, 2025.

Costs include:

- **Full page ad-----\$600**  
8.625"w x 11.25"h (with bleed)  
8.5"w x 11"h (with trim)
- **1/2 page ad-----\$450**  
8.625"w x 5.625" (with bleed)  
8.5"w x 5"h (with trim)
- **1/4 page ad-----\$300**  
4.3125"w x 5.625"h (with bleed)  
4.25"w x 5"h (with trim)

## Location, Schedule & Specifics

**Westin Chicago Center  
70 Yorktown Center  
Lombard, IL**

**Exhibit Hours**  
*(Subject to Change)*

Exhibitors may begin setting up at 8:30 a.m. on Saturday, October 11th and must be completely set up no later than noon and staffed throughout the duration of the exhibit hours. Packing or dismantling of equipment or materials will not be permitted until after the official closing at 3 p.m. on Saturday October 11th.

## Educational Support

If you would like the opportunity to support our educational programming held during the Annual Conference, please contact Kim Condon, [kimc@ipha.org](mailto:kimc@ipha.org) at the IPhA office. IPhA reserves the right of final approval of all CPE program topics, speakers and program content for all sessions. Please submit your request no later than August 16, 2025 so that your company can be recognized in the program booklet.

## Decorating, Warehousing, & Shipping

Excel Decorators, Inc. (217-528-4024; [www.exceldecorators.com](http://www.exceldecorators.com)) is the conference decorator. Upon receipt of the application and paid registration fee, exhibitors will be emailed an information including a password to download the exhibitor service packet for ordering additional equipment. Advanced shipments will be accepted no later than Thursday, September 25, 2025. Please include the following on each package or use the labels included in the exhibitor service packet:

To: (Name of Exhibitor)  
For: IPhA Annual Conference  
c/o Excel Decorators, Inc.  
3600 Winchester Road  
Springfield, Illinois 62707

## Registration and Cancellation Policy

Registration and payment is due:

**August 29th, 2025**

Cancellations of exhibit space will receive a 50 percent refund if a written request is received by IPhA prior to:

**July 31st, 2025**

Cancellations made after this date will NOT be eligible for a refund of any kind. Any refunds due to the exhibitor will be processed within thirty (30) days of receipt of the written notice.

## Security and Liability

It is understood that neither the Illinois Pharmacists Association (IPhA), nor the Westin Chicago Lombard, nor Excel Decorators, Inc., nor their members, officers, directors, or employees shall be held responsible for loss or damage of any property belonging to the exhibitor or any person or persons while in transit to or from, or while at the Westin.

The exhibitor assumes complete responsibility and liability, and agrees to protect, save and hold forever harmless IPhA, Westin, Excel Decorators, Inc. and all their agents, officers, and employees for any and all injury to persons or property in any way connected with the exhibitor's display.

The exhibitor indemnifies and agrees to hold harmless the indemnities against and from any and all losses, costs, damage, liability, or expenses (including attorney's fees) suffered to any person or persons, including the exhibitor, its agents, Westin employees and business invitees which arises from or out of or by reason of said exhibitor's occupancy and use of the exhibition program or any part thereof.

The Westin Chicago Lombard takes no responsibility for damage to or loss of any items left in the hotel prior to, during and/or following any function and all such responsibility and liability is specifically disclaimed. The Hotel makes no representations to the client or guest(s) other than those printed herein.

# ANNUAL CONFERENCE CODE OF CONDUCT

IPhA is committed to providing a safe, productive, and welcoming environment for all meeting participants and staff. All participants, including, but not limited to, attendees, speakers, volunteers, exhibitors, staff members, service providers, and all others are expected to abide by this Code of Conduct. This Policy applies to all IPhA meeting-related events, including those sponsored by organizations other than IPhA but held in conjunction with IPhA events, on public or private platforms.

IPhA has **zero-tolerance** for any form of discrimination or harassment, including but not limited to, sexual harassment by participants or our staff at our meetings. If you experience harassment or hear of any incidents of unacceptable behavior, please notify IPhA staff immediately.

## **Unacceptable behavior is defined as:**

- Harassment, intimidation, or discrimination in any form.
- Verbal abuse of any attendee, speaker, volunteer, exhibitor, IPhA staff member, service provider, or other meeting guest, disruption of presentations during sessions, in the exhibit hall, or at other events organized by IPhA throughout the meeting. All participants must comply with the instructions of the moderator and any IPhA event staff.

*Examples of verbal abuse include, but are not limited to, verbal comments related to gender, sexual orientation, disability, physical appearance, body size, race, religion, national origin, inappropriate use of nudity and/or sexual images in public spaces or in presentations, or threatening, or stalking any attendee, speaker, volunteer, exhibitor, IPhA staff member, service provider, or other meeting guests.*

- Presentations, postings, and messages should not contain promotional materials, special offers, job offers, product announcements, or solicitation for services. IPhA reserves the right to remove such messages and potentially ban sources of those solicitations.
- Participants should not copy or take screenshots of Q&A or any chat room activity that takes place in the virtual space.

***IPhA reserves the right to take any action deemed necessary and appropriate, including immediate removal from the meeting without warning or refund, in response to any incident of unacceptable behavior, and IPhA reserves the right to prohibit attendance at any future meeting, virtually or in person.***



**Exhibits open October 11, 2025**  
**REGISTRATION DEADLINE IS AUGUST 29, 2025**

**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.*

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

**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 Westin Chicago Lombard for use by the above company/organization during the Illinois Pharmacists Annual Conference on 10/9-12/2025 and acknowledges receipt of, and agrees to abide by, the conditions under which exhibit space at the Westin 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**

- Gold Level..... \$7,500
- Silver Level..... \$5,000
- Bronze Level..... \$2,500
- AM Product Theater (Fri)..... \$6,000
- PM Product Theater (Fri)..... \$6,000
- AM Product Theater (Sat)..... \$6,000
- Conference Totes..... \$3,500
- President's Gala Co-Sponsor..... \$3,000
- Conference Refreshment Break..... \$1,500
- Printed Lanyards/Badge Holders..... \$1,200

**IPhA FOUNDATION PHARM AUCTION**

Donation: \_\_\_\_\_

Approximate value of item \$ \_\_\_\_\_

**JOIN US**

- Additional Lunch Tickets  
\$45/person X \_\_\_\_\_ (qty) = \$ \_\_\_\_\_
- Check here if you have special dietary needs that should be accommodated. An IPhA Representative will contact you.

**PROGRAM BOOKLET ADVERTISING**

- Full Page** .....\$600  
8.625" w x 11.25" h (with bleed)  
8.5" w x 11" h (with trim)
- Half Page** .....\$450  
8.625" w x 5.625" h (with bleed)  
8.5" w x 5" h (with trim)
- Quarter Page** .....\$300  
4.3125" w x 5.625" h (with bleed)  
4.25" w x 5" h (with trim)

*All ads are non-commissionable.*

**METHOD OF PAYMENT**

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

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

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

Expiration: \_\_\_\_\_ Zip: \_\_\_\_\_ 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

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