



# IPhA Annual Conference October 9-12, 2025

Westin Chicago Lombard | Lombard, IL

**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)