

# ATTENDEE REGISTRATION

October 6-8, 2010

Crowne Plaza • 3000 S. Dirksen Parkway • Springfield, IL

Only one registrant per registration form please!

**Full Package Registration: \$199**

Includes all events during the entire convention.

**Wednesday One Day Registration: \$125**

Includes Wednesday C.E. classes, meals, social events & General Session.

**Thursday One Day Registration: \$125**

Includes Thursday C.E. classes, meals, social events & Tradeshow.

**Ala Carte:**

Wednesday Luncheon: \$40

Wednesday General Reception: \$50

Wednesday "To a Tea" Trip  
- NO CHARGE - REGISTRATION REQUIRED

Thursday Trade Show Luncheon: \$50  
- Required for Trade Show Admittance

Thursday IIA of IL Reception: \$75

**Mail Registration(s) to:**

IIA of IL, P.O. Box 3352, Springfield, IL 62708-3352

Fax (with credit card information) to: (217) 793-6744

**Cancellations:**

Full refund before August 10, 2010. From August 11 to September 1, 2010, a 25% cancellation fee will apply. No refunds after September 1, 2010.



ADA: If you or your guest has any disabilities which require special accommodations, please inform us of those special needs. Your written request should be submitted as far as possible in advance of the program you wish to attend.

Total: \$ \_\_\_\_\_

Visit [www.iaofillinois.org/convention2010](http://www.iaofillinois.org/convention2010) for hotel information.

Contact the IIA of IL with questions or concerns at

[info@iaofillinois.org](mailto:info@iaofillinois.org) or (800) 628-6436.



## Registrant Information

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

Firm: \_\_\_\_\_ Firm Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name as it is to appear on badge: \_\_\_\_\_ Website: \_\_\_\_\_

### In Case of Emergency, Please Notify:

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

Relationship to participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Method of Payment** - Please enclose payment with registration form(s).

Check  Visa  MasterCard  American Express Name on Credit Card: \_\_\_\_\_

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

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_