



# Winter Conference

## Corporate Partner Registration Form

February 8 – 10, 2017

PEORIA, IL

### Name Badge and Contact Information

Name		First Name for Badge
Title		Corporation Name
Address		
City	State	Zip
Phone	Email	

I would like to purchase paperback book "The Human City" by speaker Joel Kotkin for \$12

Conference Registration      **YES, register me for the**      5K run or      1.5Mwalk      Volunteer

<input type="checkbox"/> Corporate Partnership Level (\$3000) Two Complimentary Conference Passes (please send two separate forms)	<input type="checkbox"/> Corporate Sponsorship Level (\$2000) One Complimentary Conference Pass (no exhibit space at this level)
<input type="checkbox"/> As a Corporate Partner at the \$3000 level, I will need an exhibit tabe for the conference	<input type="checkbox"/> Corporate Benefactor Level (\$1000) <b>Conference Fee: \$225</b> (no exhibit space at this level)
<input type="checkbox"/> Pre Conference Workshop <b>Fee: \$75</b>	<input type="checkbox"/> I will Attend Dinner on Thursday Evening <input type="checkbox"/> I will have a guest (\$55 for additional dinner guest)

Special Dietary Requirements: \_\_\_\_\_

**THREE EASY WAYS TO REGISTER:** Event# 15137

**ON-LINE:** [www.ilcma.org](http://www.ilcma.org)

**PHONE:** 800-345-9472      **FAX:** 815-753-6900

**MAIL completed registration form and payment to:**

Registration Office  
Outreach Services  
Northern Illinois University  
DeKalb, IL 60115

**Register by January 31, 2017**

For a full refund, you must cancel your registration by **January 30, 2017**. Room reservations under the ILCMA room block directly with The Marriott Pere Marquette by **January 14, 2017**.

To reserve a room please call the Marriott at 800-228-9290 or 309-637-6500.

Do you have questions about the conference?

Call Alex Galindo at 815-753-5424 or e-mail her at [agalindo@niu.edu](mailto:agalindo@niu.edu)

#### IF REGISTERING BY MAIL

Credit Card Payment:

Visa, MasterCard, Discover, American Express  
(circle one)

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

Expiration Date \_\_\_\_\_

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_

**OR MAKE CHECKS PAYABLE TO ILCMA**

FEIN number for invoicing purposes:

Federal Tax ID Number: 36-3251692

Cardholder's name and the billing address must be **exactly** the way it appears on their credit card statement.