



# Winter Conference

Registration Form

February 8 – 10, 2017

PEORIA, IL

## Name Badge and Contact Information

Name	First Name for Badge	
Title	Municipality/Organization	
Address		
City	State	Zip
Phone	Email	
Partner/Spouse's Name (if registering)		

Conference Registration

YES, Register me for the \_\_\_ 5K run or \_\_\_ 1.5 M walk \_\_\_ Volunteer

<input type="checkbox"/> ILCMA Member \$225	<input type="checkbox"/> Spouse/Partner (includes 2 breakfast buffets, Wednesday reception and Thursday dinner) \$100
<input type="checkbox"/> Non-ILCMA Member \$350	<input type="checkbox"/> Student/Intern \$ 30
<input type="checkbox"/> Pre-Conference Workshop \$ 75	<input type="checkbox"/> Spouse/Partner Thursday dinner only \$ 65
<input type="checkbox"/> Please Check if First Time Attendee	<input type="checkbox"/> I will Attend Dinner on Thursday Evening
Special Dietary Requirements: _____	<input type="checkbox"/> I would like to purchase paperback book "The Human City" by speaker Joel Kotkin \$12
	<input type="checkbox"/> Please Check if corporate Member in Transition (NO COST)

**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:**

Outreach Services Registration Office

Northern Illinois University

DeKalb, IL 60115

**Register by January 31, 2017!** For a full refund, you must cancel your registration by **January 30, 2017**. Fees are waived for "in transition" corporate members and spouses/ partners.

**Room reservations under the ILCMA room block can be made 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.**

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

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.