



**Winter Conference 2019
Corporate Partner Registration Form
February 6-8, 2019 in Normal, IL**

Name Badge and Contact Information

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

CONFERENCE REGISTRATION: register me for the ___ 5K run or ___ 1.5Mwalk ___ 5K Volunteer T-shirt Size ___

<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 table for the conference	<input type="checkbox"/> Corporate Benefactor Level (\$1000) Conference Fee: \$225 (no exhibit space at this level)
<input type="checkbox"/> Pre Conference Workshop: #MeToo Fee: \$50	<input type="checkbox"/> I will Attend Dinner on Thursday Evening
<input type="checkbox"/> Attend Fire Station Tour Fri. AM no fee (limit first 36)	<input type="checkbox"/> I will have a guest (\$65 for additional dinner guest)

Special Dietary Requirements: _____

THREE EASY WAYS TO REGISTER: Event# 16571
ON-LINE: www.ilcma.org/conferences
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 February 1, 2019 For a full refund, you must cancel by **February 1, 2019**. Cancellations made after February 1 incur a \$50 processing fee. Room reservations under the ILCMA room block can be made directly with The Marriott in Normal by January 15. To reserve a room please call the Marriott at 888-236-2427.

Questions about the conference?
 Contact Alex Galindo at 815-753-5424 or agalindo@niu.edu
 Questions about registration? 800-345-9472

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.