



Winter Conference 2019 Registration Form
Normal, IL
February 6-8, 2019

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: Register me for the ___ 5K run or ___ 1.5 M walk ___ 5K Volunteer ___ T shirt Size

<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 #MeToo \$ 50	<input type="checkbox"/> Spouse/Partner Thursday dinner only \$ 65
<input type="checkbox"/> Yes, Attend Fire Station on Fri. morning (Limited to first 36) n/c	<input type="checkbox"/> I will Attend Dinner on Thursday Evening
<input type="checkbox"/> Please Check if First Time Attendee	<input type="checkbox"/> Please Check if corporate Member in Transition (NO COST)
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:

Outreach Services Registration Office
 Northern Illinois University
 DeKalb, IL 60115

Register by February 1, 2019! For a full refund, you must cancel your registration by **February 1, 2019**. **Cancellations after Feb 1 incur a \$50 processing fee.** 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 in Normal by January 15, 2019. 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 (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.