

ILCMA SUMMER CONFERENCE 2024

CORPORATE SPONSOR REGISTRATION FORM A FORM MUST BE SUBMITTED FOR EACH SPONSOR ATTENDEE

Sponsor Attendee Contact Information

Name: _____

First Name for Badge: _____

Title: _____

Organization: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone _____

Partner/Spouse Name (if registering) _____

Conference Registration

____ Partnership Level
____ 2 complimentary attendees
____ exhibit table

____ Sponsorship Level Sponsor
____ 1 complimentary attendee

____ Benefactor Level Sponsor \$250

____ Additional Sponsor Attendee \$250

____ Pre-Conference Session Workshop \$35

Golf

To register for golf visit:
<https://www.ilcma.org/conferences/>

June 4-6, 2024
Eagle Ridge Resort and Spa
444 Eagle Ridge Dr, Galena, IL 61036

To pay separately for guest meals, mail a separate check payment, fax a separate form with credit card information or email OutreachRegistration@niu.edu and an Outreach Registration representative will contact you to process a credit card payment.

Three easy ways to register: **EVENT#19938**

ON-LINE: <https://www.ilcma.org/conferences>

PHONE: 815-753-2515

FAX: 815-753-6900

MAIL completed registration form and payment to:

Outreach Services Registration Office

Northern Illinois University

DeKalb, IL 60115

Register by May 31st! For a full refund, you must cancel your registration by May 31st. Cancellations made after May 31st incur a \$50 fee. Room reservations under the ILCMA room block can be made by contacting Eagle Ridge Resort at 800-892-2269 by **May 6**, let them know you are with ILCMA or use RES IS #6984HH.

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

Questions about registration? Contact the registration office OutreachRegistration@niu.edu or 815-753-2515

Social Events & Guest Meals

____ Tuesday Night BBQ No Fee
____ Wednesday Dinner No Fee
____ Legacy Project Thurs AM Walk No Fee
____ Spouse/Partner Meal package \$108
includes 2 breakfasts (Weds/Thurs) and 2 dinners & 2 cocktails (Tues/Weds)
____ Spouse/Partner Wednesday Dinner & 2 cocktails \$50
____ Spouse/Partner Breakfast
____ Tuesday \$29 ____ Thursday \$29
____ Kids meal package (age 5-12) \$38.00
____ Kids Breakfast
____ Weds \$11 ____ Thurs \$11

Registration Total \$ _____

Special dietary needs? _____

If registering by Mail/Fax with Credit Card:

circle one: Visa, Mastercard, Discover, American Express

Card Number: _____

Expiration Date: _____

Name on Card: _____

Address: _____

City/State/Zip: _____

Signature _____

cardholder's name and address must be exactly the way it appears on their credit card statement

**If registering by Mail with check send completed form with check payable to ILCMA and mail to:
Outreach Services Registration Office
Northern Illinois University
DeKalb, IL 60115**

