

ILCMA WINTER CONFERENCE 2024

ATTENDEE REGISTRATION FORM

Attendee Contact Information

Name: _____

First Name for Badge: _____

Title: _____

Organization: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

Partner/Spouse Name (if registering) _____

First 20 **online** registrations for **NEW corporate (voting) members** who are **first time winter conference attendees** are **free** or for **ILCMA corporate members** who have **NOT attended a conference in the past five-years**. There will be 10 waivers for managers/administrators and 10 waivers for assistants/assistant to/management analysts. There is also a travel stipend of \$245 connected to the complimentary registration. All registrations using this category will be verified with ILCMA records. The travel stipend will require proof of expenditures before the stipend will be granted.

Conference Registration

____ ILCMA Member Full Conference	\$245
____ First-time Attendee*(members only)	\$175
____ Student	\$50
____ Non-Member	\$425
____ Member-in-Transition	No Fee
____ Pre Conference Session	\$45
<i>Making Your Local Government Message Sing</i>	

February 7-9, 2024

Bloomington-Normal Marriott Hotel & Conference Center

201 Broadway Ave, Normal, IL 61761

To pay separately for guest meals, mail a separate check payment, fax a separate form with credit card information to 815-753-6900 or email OutreachRegistration@niu.edu. Upon receiving your email an Outreach Registration representative will contact you to process a credit card payment.

Three easy ways to register:

ON-LINE: <https://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 1st! For a full refund, you must cancel your registration by February 1st. Cancellations made after February 1st incur a \$50 fee. Room reservations under the ILCMA room block can be made by contacting Bloomington-Normal Marriott at 888-236-2427 by **January 9**, let them know you are with ILCMA.

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 800-345-9472

Social Events

____ Wednesday Night Welcome Reception	No Fee
____ Thursday Dinner	No Fee
____ Thursday Evening Comedy	No Fee
____ Thursday Night IAMMA Social Event	No Fee
____ Friday 5K Run/1.5 M Walk	No Fee

Guest Meals

____ Spouse/Partner Meal package	\$145
<i>includes 2 breakfasts (Thu/Fri) and 2 dinners & 2 cocktails (Wed/Thu)</i>	
____ Spouse/Partner Thursday Dinner & 2 cocktails	\$60
____ Spouse/Partner Breakfast	
____ Thursday	\$36
____ Friday	\$36

Registration Total \$ _____

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

