ILCMA WINTER CONFERENCE 2024

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

Sponsor Attendee Contact Information

First Name for Badge:	
Title:	
Organization:	
Address:	City/State/Zip:
Email:	Phone
Partner/Spouse Name (if registering)	
Conference Registration	Social Events & Guest Meals
Partnership Level2 complimentary attendeesexhibit table	Wednesday Night Welcome Reception No Fee Thursday Dinner No Fee Thursday Evening Comedy No Fee
Sponsorship Level Sponsor 1 complimentary attendee	Thursday Night IAMMA Social Event No Fee Friday 5K Run/1.5 M Walk No Fee
Benefactor Level Sponsor \$245	Spouse/Partner Meal package \$145 includes 2
Additional Sponsor Attendee \$245	breakfasts (Thu/Fri) and 2 dinners & 2 cocktails (Wed/ThuSpouse/Partner Thursday Dinner & 2 cocktails \$60
Pre-Conference Session Workshop \$45	Spouse/Partner Breakfast Thursday \$36Friday \$36
ebruary 7-9, 2024	
ebruary 7-9, 2024 loomington -Normal Marriott Hotel	Registration Total \$

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:

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. Cancelations 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

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 or

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**