



**2017 ILCRA ANNUAL CONVENTION
EARLY BIRD REGISTRATION**

**September 14 - 16
Wyndham City Centre**

**700 East Adams Street ■ Springfield, IL 62701
Lodging Reservations: 217-789-1530**

Cancellations received in writing by August 1 will be refunded in full.

Refund requests received after August 1 will incur a \$50 administrative fee.

No refunds past August 31.

<p>Two-Day Fee (September 15 & 16)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current ILCRA Member-\$289 <input type="checkbox"/> Current ILCRA Associate Member-\$145 <input type="checkbox"/> Current Student Member-\$145 <input type="checkbox"/> Nonmember-\$389 	<p>One-Day Fee (September 15 or 16)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current ILCRA Member-\$249 <input type="checkbox"/> Current ILCRA Associate Member-\$120 <input type="checkbox"/> Current Student Member-\$120 <input type="checkbox"/> Nonmember-\$359 <p style="text-align: center;"><i>Circle one: Friday Saturday</i></p>	<p>Speed Contest Fees</p> <ul style="list-style-type: none"> <input type="checkbox"/> Realtime Contest (September 14)-\$60 <input type="checkbox"/> Gary L. Sonntag Memorial Speed Contest (September 15)-\$60 <input type="checkbox"/> Both Contests-\$100 	<p>Convention Sponsorship: \$ _____</p> <p>Reception Sponsorship: \$ _____</p> <p>Student Sponsorship: \$ _____</p>
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Not an ILCRA member? Join now and save! Visit ILCRA's home page at www.ilcra.org or call 703-729-4861. If you are not from Illinois and are a member of your state association, provide proof of membership and you may register at the ILCRA member rate.

Contact	Full Name for Badge (include certifications) _____
	Mailing Address _____
	(City) (State) (Zip)
	Email _____
	Primary Telephone _____ Alternate Telephone _____

Meals	The following meal events are included in your registration. To help us ensure appropriate meal and beverage counts, please confirm which meal events you plan to attend.		
	Friday:	<input type="checkbox"/> President's Reception	Additional tickets - \$40 Quantity _____
	Saturday:	<input type="checkbox"/> Luncheon	Additional tickets - \$40 Quantity _____

Payment	<input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> CHECK ENCLOSED, payable to ILCRA (\$10 returned check fee)	Today's Date: _____	REGISTER ONLINE at www.ilcra.org Email form to dwenhold@kmgnet.com Fax form to 703-935-2266 Mail form to ILCRA at 43150 Broadlands Center Plaza Suite 152-269 Ashburn, VA 20148 <i>Check or credit card information must accompany form.</i>
	Card Number: _____		
	Expiration Date: _____ Security Code: _____		
	Name on Card _____		
	Address of Cardholder if different from above: _____ _____		
	Signature of Cardholder _____		