



**2019 ILCRA ANNUAL CONVENTION EARLY
BIRD REGISTRATION**
September 5-7, 2019
President Abraham Lincoln Hotel -
Springfield

Lodging Reservations: 217-544-8800

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

Refund requests received after August 18 will incur a \$50 administrative fee.

No refunds past August 31.

<p>Two-Day Fee (September 6-7)</p> <p><input type="checkbox"/> Current ILCRA Member-\$299 <input type="checkbox"/> Current ILCRA Associate Member-\$155 <input type="checkbox"/> Current Student Member-\$155 <input type="checkbox"/> Nonmember-\$399</p>	<p>One-Day Fee (September 6 or 7)</p> <p><input type="checkbox"/> Current ILCRA Member-\$259 <input type="checkbox"/> Current ILCRA Associate Member- \$130 <input type="checkbox"/> Current Student Member-\$130 <input type="checkbox"/> Nonmember-\$369</p> <p align="center"><i>Circle one: Friday Saturday</i></p>	<p>Speed Contest Fees</p> <p><input type="checkbox"/> Realtime Contest (September 5)-\$60 <input type="checkbox"/> Gary L. Sonntag Memorial Speed Contest (September 6)-\$60 <input type="checkbox"/> Both Contests-\$100</p>	<p>Convention Sponsorship: \$ _____</p> <p>Reception Sponsorship: \$ _____</p> <p>Student Sponsorship: \$ _____</p>
--	---	--	--

Not an ILCRA member? Join now and save! Visit ILCRA's home page at www.ilcra.org or call 703-927-1453. 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 _____
	Email _____ (City) _____ (State) _____ (Zip) _____
	Primary Telephone _____ Alternate Telephone _____

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)	<p>Today's Date: _____</p> <p>Total Remitted: \$ _____</p>	REGISTER ONLINE at www.ilcra.org Email form to dwenhold@kmgnet.com Fax form to 703- 935-2266
	Card Number: _____		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>
	Expiration Date: _____ Security Code: _____		
	Name on Card _____		
	Address of Cardholder if different from above: _____		
	Signature of Cardholder _____		