



**2018 ILCRA ANNUAL CONVENTION**  
**EARLY BIRD REGISTRATION**  
 September 20-22, 2018  
**DoubleTree Hotel Chicago – Oak Brook**  
**1909 Spring Road**  
**Oak Brook, IL 60523**  
**Lodging Phone: 866-812-3959 (Make sure**  
**you let them know you are with ILCRA)**

Cancellations received in writing by August 15 will be refunded in full.

No refunds past August 31.

<p><b>Two-Day Fee (September 21 &amp; 22)</b></p> <p><input type="checkbox"/> Current ILCRA Member-\$299</p> <p><input type="checkbox"/> Current ILCRA Associate Member-\$155</p> <p><input type="checkbox"/> Current Student Member-\$155</p> <p><input type="checkbox"/> Nonmember-\$399</p>	<p><b>One-Day Fee (September 21 or 22)</b></p> <p><input type="checkbox"/> Current ILCRA Member-\$259</p> <p><input type="checkbox"/> Current ILCRA Associate Member-\$130</p> <p><input type="checkbox"/> Current Student Member-\$130</p> <p><input type="checkbox"/> Nonmember-\$369</p> <p align="center"><i>Circle one: Friday or Saturday</i></p>	<p><b>Speed Contest Fees</b></p> <p><input type="checkbox"/> Realtime Contest (September 20)-\$60</p> <p><input type="checkbox"/> Gary L. Sonntag Memorial Speed Contest (September 21)-\$60</p> <p><input type="checkbox"/> Both Contests-\$100</p>	<p><b>Convention Sponsorship:</b></p> <p>\$ _____</p> <p><b>Reception Sponsorship:</b></p> <p>\$ _____</p> <p><b>Student Sponsorship:</b></p> <p>\$ _____</p>
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Not an ILCRA member? Join now and save! Visit ILCRA's home page at [www.ilcra.org](http://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.

<b>Contact</b>	Full Name for Badge (include certifications) _____ Mailing Address _____ _____ (City) _____ (State) _____ (Zip) Email _____ Primary Telephone _____ Alternate Telephone _____
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<b>Meals</b>	The following meal events are included in your registration. To help us ensure appropriate meal and beverage counts, <b>please confirm</b> which meal events you plan to attend.  <b>Friday:</b> <input type="checkbox"/> President's Reception      Additional tickets - \$40      Quantity _____ <b>Saturday:</b> <input type="checkbox"/> Luncheon      Additional tickets - \$40      Quantity _____
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<b>Payment</b>	<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)  Card Number: _____ Expiration Date: _____ Security Code: _____ Name on Card _____ Billing Address of Cardholder if different from above: _____ Signature of Cardholder _____	<b>Today's Date:</b> _____  <b>Total Remitted:</b> \$ _____	<b>REGISTER ONLINE at <a href="http://www.ilcra.org">www.ilcra.org</a></b> Email form to <a href="mailto:dwenhold@kmgnet.com">dwenhold@kmgnet.com</a> 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>
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