

2010 Conference Registration Form

IPA Member ID #: _____
 (ID # is found above your name on the mailing label. If you do not have an ID #, leave this line blank.)

Name: _____

Title: _____

First Name for Badge: _____

Spouse/Guest Name: _____

School: _____

Dist. Name: _____ Dist. # _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

In case of medical emergency contact: _____

Phone: _____

Does your district pay for you to attend this conference? Yes No

Is this your first IPA Conference? Yes No

Have you/are you retiring in 2010 or 2011? Yes No

I am willing to facilitate a Small Group Session on:
 Monday Tuesday Either Day

Check here if you require special accessibility or accommodations at this event. Attach a written description of your needs and return to IPA no later than October 1, 2010.

Important Information:

- ▶ **Early Bird registrations must be received at the IPA office by 6/30/10.** You will receive confirmation via e-mail if we have it or via the U.S.P.S. if we do not. Registrations received after 6/30/10 will be at a higher rate.
- ▶ **Meals are included in the conference registration fees.**
- ▶ **The official IPA name badge** is your admission into educational sessions and meal functions, so be sure to wear yours at all times during conference hours.
- ▶ **Tax Deduction.** The expense of continuing education when taken to maintain and improve professional skills may be tax deductible if paid directly by the participant. Please contact your accountant for more information.
- ▶ **Cancellations.** For refunds, a written request must be received at the IPA office by October 4, 2010. A \$25.00 per person service charge will be assessed. Refunds after October 4 will be assessed the \$25.00 per person service charge plus the cost of meals. Individuals who do not cancel their registration and are not in attendance are responsible for full payment.
- ▶ **Questions.** E-mail pam@ilprincipals.org or call 217-753-1383. Please return this complete form to: Illinois Principals Association, 2940 Baker Drive, Springfield, IL 62703 / Fax: 217-525-7264

Register and pay by 6/30/10 to receive this 10% discount.	Early Bird Member Fee	Early Bird Non-Member
<input type="checkbox"/> 3-Day Package (Includes Sunday Welcome Reception, Monday Continental Breakfast, Monday Lunch in the Exhibit Hall, Tuesday Continental Breakfast, Tuesday IHSA/IESA Lunch and all educational sessions.)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$450
<input type="checkbox"/> Sunday only (Includes the Welcome Reception.)	<input type="checkbox"/> \$27	<input type="checkbox"/> \$41
<input type="checkbox"/> Monday only (Includes Continental Breakfast, Lunch in the Exhibit Hall and Monday education sessions.)	<input type="checkbox"/> \$173	<input type="checkbox"/> \$260
<input type="checkbox"/> Tuesday only (Includes Continental Breakfast, IHSA/IESA Lunch, Tuesday education sessions.)	<input type="checkbox"/> \$173	<input type="checkbox"/> \$260
<input type="checkbox"/> 1-year IPA Membership & 3-Day Conference Package (Please complete and return Membership Enrollment Form.)	<input type="checkbox"/> \$605	---
<input type="checkbox"/> 1-year Aspiring Principal Membership & 3-Day Conference Package (Please complete and return Membership Enrollment Form.)	<input type="checkbox"/> \$187	---

Retired IPA Member and Guest Fee

\$27 Sunday Only
 \$45 Monday Only
 \$40 Tuesday Only
 \$112 Three Day Package





(Fees include breakfast, lunch, breaks and educational sessions each day.)

Conference Registration Fees:

<input type="checkbox"/> 3-Day Pkg. <input type="checkbox"/> 1 Day Pkg <input type="checkbox"/> Conf./Mem. Pkg.)	\$ _____
<input type="checkbox"/> Retired/Guest	\$ _____
<input type="checkbox"/> Aspiring	\$ _____
IPA Membership Dues only	\$ _____
National Membership Dues	\$ _____
IL ASCD Dues	\$ _____
Total	\$ _____

(If you are including your membership dues, please complete and return the Membership Enrollment Form.)

Form of Payment:

Check payable to Illinois Principals Association
 Purchase Order # _____
 Visa  Mastercard  Discover  Am. Express 

 Exp. _____ Signature _____