

2009 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

of years as an IPA Member _____

Are you retiring in 2009 or 2010? 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 2, 2009.

Important Information:

► **Early Bird registrations must be received at the IPA office by October 2, 2009.** You will receive confirmation via e-mail if we have it or via the U.S.P.S. if we do not. Advance registrations can not be processed at the IPA office after October 2, 2009. However, you are welcome to register on site at the Conference Registration Desk. (See conference overview for times and locations.)

► **Meals are included in the conference registration fees.** (There are no meal tickets this year.)



► **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 5, 2009. A \$25.00 per person service charge will be assessed. Refunds after October 5 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 217-525-1383.

Please return this completed form to: Illinois Principals Association,
 2940 Baker Drive, Springfield, IL 62703 / Fax: 217-525-7264

Registration Dates	Member		Non-Member
	*Early Bird	After 10/2	
<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 breaks and all educational sessions.)	<input type="checkbox"/> \$325	<input type="checkbox"/> \$390	<input type="checkbox"/> \$488
<input type="checkbox"/> Sunday only (Includes the Welcome Reception.)	<input type="checkbox"/> \$29	<input type="checkbox"/> \$35	<input type="checkbox"/> \$44
<input type="checkbox"/> Monday only (Includes Continental Breakfast, Lunch in the Exhibit Hall breaks and Monday education sessions.)	<input type="checkbox"/> \$187	<input type="checkbox"/> \$225	<input type="checkbox"/> \$281
<input type="checkbox"/> Tuesday only (Includes Continental Breakfast break, IHSA/IESA Lunch, Tuesday education sessions.)	<input type="checkbox"/> \$187	<input type="checkbox"/> \$225	<input type="checkbox"/> \$281
<input type="checkbox"/> 1-year IPA Membership & 3-Day Conference Package (Please complete and return Membership Enrollment Form on back side)	<input type="checkbox"/> \$620	<input type="checkbox"/> \$685	---
<input type="checkbox"/> 1-year Aspiring Principal Membership & 3-Day Conference Package (Please complete and return Membership Enrollment Form on back side)	<input type="checkbox"/> \$193	<input type="checkbox"/> \$230	---
<input type="checkbox"/> Retired IPA Member and Guest Fees			
	<input type="checkbox"/> \$29 Sunday Welcome Reception	_____ # Tickets Needed	
	<input type="checkbox"/> \$17 Monday Continental Breakfast	_____ # Tickets Needed	
	<input type="checkbox"/> \$29 Monday Lunch in the Exhibit Hall	_____ # Tickets Needed	
	<input type="checkbox"/> \$17 Tuesday Continental Breakfast	_____ # Tickets Needed	
	<input type="checkbox"/> \$26 Tuesday IHSA/IESA Lunch	_____ # Tickets Needed	
Conference Fee:			
	<input type="checkbox"/> 3-Day Pkg. <input type="checkbox"/> 1 Day Pkg. <input type="checkbox"/> Conf./Mem. Pkg.)	\$ _____	
Guest Fee(s):		\$ _____	
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:			
<input type="checkbox"/> Check payable to Illinois Principals Association			
<input type="checkbox"/> Purchase Order # _____			
<input type="checkbox"/> Visa  <input type="checkbox"/> Mastercard 			
# _____			
Exp. _____		Signature _____	