

**Power of Positive Leadership (AA #3730)**  
**Power of Positive Teams (AA #3927)**  
**Registration**

**EMAIL COMPLETED FORM TO:**  
**workshops@ilprincipals.org**  
**Illinois Principals Association**

IPA Member	<input type="checkbox"/> \$209
Retired IPA Member	<input type="checkbox"/> \$109
Non-Member	<input type="checkbox"/> \$309
One-Year IPA Membership (\$396) + AA Registration (\$209)	<input type="checkbox"/> \$605
Non-Administrative Staff To qualify: 1. You must be on a non-administrator contract. 2. If your position requires an administrator endorsement, less than 50% of your duties should be administrative in nature. 3. Your building administrator must be a current IPA member. 4. You must provide your administrator's name.	<input type="checkbox"/> \$209
Name of Administrator _____	

**Registrations are not accepted after 12 p.m. the day before the event.**

- Registrations are not accepted over the phone.
- If you do not receive a registration confirmation email within 72 business hours, call 217-391-0488.
- For information on groups rates (available for 3 or more attendees), call 217-321-9570.
- ISBE requires attendance during the entire workshop to receive Administrator Academy credit. Individuals arriving late or leaving early, for any reason, are not eligible for Academy credit.

**Note: \$10 for copyrighted materials is included in the registration fee.**  
 Code (for office use): \_\_\_\_\_

Academy Title \_\_\_\_\_

Academy Date \_\_\_\_\_ Academy Location \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_

E-mail \_\_\_\_\_ Cell \_\_\_\_\_

District Name and # \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Gender (optional)  Male  Female

Illinois Educator Identification Number \_\_\_\_\_  Check here if you require special accessibility.  
 (IEIN Number is required for academy credit.)

**Payment information is required to process registration:**

<input type="checkbox"/> <b>Check #</b> _____ Make payable to the Illinois Principals Association.	<input type="checkbox"/> <b>Credit Card #</b> _____ Exp. _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
<input type="checkbox"/> <b>Purchase Order #</b> _____ Send invoice to: <input type="checkbox"/> District <input type="checkbox"/> School <input type="checkbox"/> Home	CVV _____
Billing Address _____	Cardholder's Name _____
_____	Signature _____
_____	Today's Date _____

**Individuals who do not cancel their reservation and are not in attendance are responsible for full payment.**

Registration changes must be received in writing by the IPA. An individual who is registered for an IPA event and who is unable to attend may:

1. Send another individual in his/her place incurring no service charge;
2. Receive credit in the amount of the event good for IPA merchandise or another IPA conference, academy or event; or
3. Receive a refund. Credits and refunds will be issued as follows:
  - If written notice is received more than five business days prior to the event, a \$25 service charge will be assessed.
  - If written notice is received within five business days of the event, a \$50 service charge will be assessed.
  - If written notice is received after noon the day prior to the event, the full registration amount will be charged.

The IPA reserves the right to cancel or reschedule academies at any time. In the event of cancellation or rescheduling, members may request a full refund or have the registration fee applied to another IPA conference, academy or event. **All credits for events and merchandise expire each June 30.**

