

# AP/Dean Summit North Registration

June 4, 2024

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

\$149 Individual Registration

## Group Rates for individuals from the same district or organization:

- \$139 per attendee, 3-5 participants
- \$125 per attendee, 6-10 participants
- \$115 per attendee, 11+ participants



This event is for PD hours only. It is not eligible for administrator academy credit.

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

Title \_\_\_\_\_ E-mail \_\_\_\_\_

IEIN \_\_\_\_\_  Food allergies/dietary restrictions (specify) \_\_\_\_\_

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

Title \_\_\_\_\_ E-mail \_\_\_\_\_

IEIN \_\_\_\_\_  Food allergies/dietary restrictions (specify) \_\_\_\_\_

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

Title \_\_\_\_\_ E-mail \_\_\_\_\_

IEIN \_\_\_\_\_  Food allergies/dietary restrictions (specify) \_\_\_\_\_

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Title \_\_\_\_\_ E-mail \_\_\_\_\_

IEIN \_\_\_\_\_  Food allergies/dietary restrictions (specify) \_\_\_\_\_

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

Title \_\_\_\_\_ E-mail \_\_\_\_\_

IEIN \_\_\_\_\_  Food allergies/dietary restrictions (specify) \_\_\_\_\_

**Attach additional sheets as necessary.**

### Payment information is required to process registration:

Total Due \$ \_\_\_\_\_

**Check #** \_\_\_\_\_  
Make payable to the Illinois Principals Association.

**Purchase Order #** \_\_\_\_\_  
Send invoice to:  District  School  Home

Billing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Credit Card #** \_\_\_\_\_ Exp. \_\_\_\_\_  
 Visa  MasterCard  Discover  American Express

CVV \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

**Registrations will not be accepted over the phone. All registration changes and cancellations must be received in writing by the IPA. Individuals who do not cancel their reservation and are not in attendance are responsible for full payment. Refunds will be subject to a \$25 service charge.**

