Education Leaders Annual Conference Group Registration October 20-22, 2024

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

Non-Member

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Full Conference		\$424	\$506
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15.			
	SUBTOTAL	\$	\$
☐ 3-5 attendees (20% discount)			
☐ 6-10 attended	es (25% discou	nt)	
☐ 11+ attendees (30% discount)			
	TOTAL	\$	\$
Fees are determined by the date registration is received.			
Payment information is required to process purchase:			
☐ Check #	☐ Credit Card #		
Make payable to the Illinois Principals Association.	□ Visa □ Ma	sterCard Discover D	American Express
☐ Purchase Order #	Exp	CVV	
Send invoice to: ☐ District ☐ School ☐ Home	Cardholder's N	Name	
Billing Address			
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Registration changes must be received via email at workshops@ilprincipals.org. If you do not cancel or transfer your registration before Noon the day prior to the event and/or are not in attendance, you are responsible for full payment.

If you are unable to attend, the following options are available (provided your request is received before Noon the day prior to the event):

- 1. Send another individual in your place incurring no service charge;
- Transfer your registration to another IPA event (of equal or less value);
- 3. Receive credit in the amount of the event eligible for all IPA events and IPA merchandise (see below for details); or
- 4. Receive a refund (see below for details).

Information regarding credits and refunds:

- · If refund/credit request is received more than five business days prior to the event, the refund/credit will incur a \$25 service charge.
- · If refund/credit request is received within five business days of the event, the refund/credit will incur a \$50 service charge.
- If refund/credit request is received after Noon the day prior to the event, you are responsible for full payment.
- Credits for events and merchandise expire each year on June 30.

The IPA reserves the right to cancel or reschedule events at any time. If your event has been cancelled or rescheduled, you may request a refund, credit or transfer the registration fee to another IPA event.



Name			
E-mail			
District Name and #	SchoolCity		
Address			
Zip Code			
Preferred First Name (for badge)			
Does your district pay for you to attend this conference? Is this your first year as an administrator? Is this your first year attending this conference?	 ☐ Yes ☐ Yes ☐ No ☐ Yes ☐ No If yes, provide start date? ☐ Yes ☐ No 		
If you require ADA, dietary needs or other accommodations,	please provide details		
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