## 2019-2020

IPA PROFESSIONAL
DEVELOPMENT PROGRAMS



Workshop Tel: 217-391-0848 Workshop Fax: 217-391-0849 Email: workshops@ilprincipals.org

View Professional Development and Registration Details at www.ilprincipals.org

## BUILDING SCHOOL LEADER NETWORK

STEP 2 (optional)  \$50 Tuesday of the Annual Conference (Sunday and Monday of the Annual Conference are included with BSLN registration)  STEP 3  Name (required) Job Title E-mail (required for confirmation) District Name and # County School Address City Zip Code Phone Fax Cell Illinois Educator Identification Number Check here if you require special accessibility	STEP 1  ☐ \$900 Member  ☐ \$1,350 Non-Member			
\$50 Tuesday of the Annual Conference (Sunday and Monday of the Annual Conference are included with BSLN registration)  STEP 3  Name (required) Job Title E-mail (required for confirmation) District Name and # County School Address City Zip Code Phone Fax Cell Illinois Educator Identification Number	STEP 2 (optional)			
Name (required) Job Title  E-mail (required for confirmation)  District Name and # County  School  Address  City Zip Code  Phone Fax Cell  Illinois Educator Identification Number			londay of the Annual Conference are included with BSI	LN registration)
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E-mail (required for confirmation)  District Name and #County  School  Address  City Zip Code  Phone Fax Cell  Illinois Educator Identification Number		Job Titl	e	
School				
Address  City Zip Code  Phone Fax Cell  Illinois Educator Identification Number	District Name and #	County	·	
City Zip Code  Phone Fax Cell  Illinois Educator Identification Number	School			
Phone Fax Cell Illinois Educator Identification Number	Address			
Illinois Educator Identification Number	City		Zip Code	
	Phone	Fax	Cell	
☐ Check here if you require special accessibility	Illinois Educator Identification Numb	er		
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	6755			
STEP 4	SIEP 4			
PAYMENT INFORMATION REQUIRED TO PROCESS REGISTRATION FORM:	PAYMENT INFORMATION REQUIRED	TO PROCESS REGISTRATION FORM:		
Check # (Please include a copy of completed form with your check made payable to Illinois Principals Association)	☐ Check # (Please include	a copy of completed form with your check ma	ade payable to Illinois Principals Association)	
☐ Purchase Order # Billing Address:	☐ Purchase Order #	Billing Address:		<del></del>
☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	☐ Visa ☐ MasterCard ☐ Discover	- ☐ American Express		
☐ Credit Card # Exp Signature	☐ Credit Card #	Exp	Signature	

Return to: Illinois Principals Association, 2940 Baker Drive, Springfield, IL 62703, Fax (217) 391-0849. Registrations WILL NOT be accepted over the phone.

Academy Credit Information: Academies must be completed by May 15 in order for the administrator academy credit to be applied to the current school year. All on-demand academies completed after May 15 will be enter as administrator academy credit for the next school year.

Cancellations. All registration changes must be received in writing by the IPA. An individual who is registered for an IPA on-demand academy has five(5) business after being assigned the course to request a refund. Refunds will be subject to a \$25.00 service charge.