

Education Leaders Annual Conference

Group Registration Form



IPA is offering group discounts for conference attendees that are employed by the same district. Please use the second page to fill out attendee information. Duplicate page 2 as needed.

- Group rate (3-5) - \$200 per attendee
- Group rate (6 - 10) - \$175 per attendee
- Group rate (11+) - \$150 per attendee

Payment Information	Amount
TOTAL DUE	\$
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx Name on Card: _____ Card Number: _____ Exp. Date: _____	<input type="checkbox"/> Check payable to Illinois Principals Association <input type="checkbox"/> PO# _____

Signature _____ Date _____ IEIN # _____

Return completed form to:

Mail: Illinois Principals Association, 2940 Baker Dr. Springfield, IL 62703

Fax: 312-277-6652

Email: pam@ilprincipals.org

THE FINE PRINT

- Registration Fees are determined by the date registration is RECEIVED at the IPA office.
- Continuing education taken to maintain and improve professional skills may be tax deductible if paid directly by the participant. Contact your accountant for more information.
- All cancellations must be received in writing by the IPA. An individual who is registered for the conference and who is unable to attend may: **(1)** send another individual in their place; **(2)** receive a credit in the amount of the conference which will be good for all IPA events and merchandise (all credits for events and merchandise expire each June 30); or **(3)** receive a refund as follows: cancellation received more than five days prior to the conference will receive a full refund, less a \$25 service charge; cancellations received within five business days of the conference will receive a full refund, less a \$50 service charge. Individuals who do not cancel their reservation and are not in attendance are responsible for full payment.

Contact Pam Burdine with questions: pam@ilprincipals.org or 217-525-1385

Education Leaders Annual Conference
Group Registration Form



District Information

District Name and # _____ County _____
Address _____
City _____ Zip Code _____

Attendee Information

Name: _____ Dr. Mrs. Ms. Mr.
(first) (middle) (last)
School: _____ Job Title: _____
IEIN: _____ Email: _____
work email preferred
Is this your first year as an administrator? Yes No If yes, what was your start date? _____

Name: _____ Dr. Mrs. Ms. Mr.
(first) (middle) (last)
School: _____ Job Title: _____
IEIN: _____ Email: _____
work email preferred
Is this your first year as an administrator? Yes No If yes, what was your start date? _____

Name: _____ Dr. Mrs. Ms. Mr.
(first) (middle) (last)
School: _____ Job Title: _____
IEIN: _____ Email: _____
work email preferred
Is this your first year as an administrator? Yes No If yes, what was your start date? _____

Name: _____ Dr. Mrs. Ms. Mr.
(first) (middle) (last)
School: _____ Job Title: _____
IEIN: _____ Email: _____
work email preferred
Is this your first year as an administrator? Yes No If yes, what was your start date? _____