Group Registration Form

Education Leaders Annual Conference 2021 October 24-26, 2021 | Peoria, IL



STEP 1

Name:			Dr.	Mrs. Ms. Mr.		
(first)	(middle)	(last)				
School/District:		Job	Title:			
Address:						
(street)	(city)	(state	e) (zi	p code)		
Work Phone:	Work Fax:	Email:	work email preferred			
			work email preferred			
How will you be attending	—	—				
If attending in-person, will you be vaccinated by October 23, 2021? 🔲 Yes 🔲 No 🔲 Prefer not to say						
First Name On Badge:						
Is this your first year as an ad			tart date?			
Is this your first year attendin	g Fall Conference? Yes	s 🔲 No 🛄				
	Member Rate \$3	889 🔲 Non-Member Rate	\$471			
Name [.]				Mrs Ms Mr Mr		
Name:	(middle)	(last)	Dr. [Mrs. Ms. Mr.		
School/District:		Job		Mrs. Ms. Mr.		
School/District: Address:	(city)	Job (state	Title:	p code)		
School/District: Address:	(city)	Job (state	Title:	p code)		
School/District:	(city)	Job (state	Title:	p code)		
School/District: Address:	(city) Work Fax:	Job (state Email:	Title:	p code)		
School/District: Address: (street) Work Phone:	(city) Work Fax: conference?	Job (state Email: son Virtual	Title: (zi	p code)		
School/District: Address: (street) Work Phone: How will you be attending If attending in-person, will y	(city) Work Fax: conference?	Job (state Email: son Virtual per 23, 2021?Yes I	Title:	p code)		
School/District: Address: (street) Work Phone: How will you be attending	(city) Work Fax: conference? In-Pers rou be vaccinated by Octob Does yc	Job (state Email: con Virtual per 23, 2021? Yes I pur district pay for you to atte	Title: (zi work email preferred No Prefer not to say	p code) / /es 🗋 No		
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STEP 1 Continued (Attach as many copies of this page as need)

School/District:	(middle)		Job Title:	Dr. 🚺 Mrs. 🗌 Ms. 🗌 Mr	r. 🗖
Address:	(city)		(state)	(zip code)	
Work Phone:		Em	nail:	nail preferred	
			worker	nail preferred	
	conference?				
If attending in-person, will you be vaccinated by October 23, 2021? 🗋 Yes 📄 No 📄 Prefer not to say First Name On Badge: Does your district pay for you to attend this conference? Yes 📄 No					
	Does yo dministrator? Yes 🗋 No 🗌				
	ng Fall Conference? Yes		oui stait Uale?		
		·			
	Member Rate \$3	389 🔲 Non-Member	⁻ Rate \$471 🗋		
(first)	(middle)	(last)	Job Title:		r. 🗋
^(first) School/District:	(middle)	(last)		Dr. Mrs. Ms. Mr	
(first) School/District:	(middle)	(last)			
(first) School/District: Address: (street)	(middle) (city)	(last)	Job Title:	(zip code)	
(first) School/District: Address: (street) Work Phone:	(middle) (city) Work Fax:	(last) 	Job Title:		
(first) School/District: Address: (street) Work Phone: How will you be attending	(middle) (city) Work Fax: conference? I In-Pers	(last) Em Virtual	Job Title: (state) nail: work er	(zip code) nail preferred	
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STEP 2

ADA, Special Dietary Needs or Other Unique Requests (please include requesters' names)

STEP 5

Payment Information	Amount	Visa Mastercard Discover AmEx
Step 1 Total	\$	Name on Card:
3-5 attendees discount	20% off	
6-10 attendees discount	25% off	Card Number: Exp. Date:
11+ attendees discount	30% off	Check payable to Illinois Principals Association
TOTAL DUE	\$	
		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 by the IPA office.
- The official IPA name badge is your admission into educational sessions and meal functions, so be sure to wear it at all times during the conference.
- 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