



Membership / Conference Registration Form

There are two options for annual membership renewal and conference registration:

Online: Complete the online form (www.iaspa.org) and pay with a credit/P-Card via PayPal

~OR~

Mail-In: Use this form and send with a check *made out to IASPA* to: Mary Hasley (NOTE NEW NAME/ADDRESS), c/o Arlington Heights SD 25, 1200 S. Dunton Avenue, Arlington Heights, IL 60005

Registration Deadline: January 18, 2019. Registrations will be accepted after this date only as space permits.

IASPA Member Name include prefix, i.e. Dr.:

(Please use page 2 for guests)

IEIN (required for PD credit)

Job Title:

District/Organization:

Address:

City, State, ZIP:

Telephone:

E-Mail Address:

I am attending the Thursday luncheon and request a vegetarian entrée.

Options	Number Attending	Fee	Total
IASPA Annual Membership Dues - Plus BOTH Conference days		\$400	
IASPA Annual Membership Dues ONLY - No conference attendance		\$150	
Current IASPA member - conference fee only BOTH conference days		\$250	
Current IASPA member - conference fee only THURS. Conference only		\$150	
Current IASPA member - conference fee only FRIDAY Conference only		\$150	
In-District Guest accompanying IASPA member - BOTH conference days		\$300	
In-District Guest accompanying IASPA member - THURS. Conference only		\$150	
In-District Guest accompanying IASPA member - FRIDAY Conference only		\$150	
Total Payment:			

IASPA Conference Registration Refund Policy: Conference registration cancellations received on or before 1/18/19 will be refunded less a \$50 processing fee. Cancellations received after 1/18/19 or no-shows cannot be refunded; IASPA is responsible for payment whether you attend or not, as final numbers will have been provide to the site by this date. Requests for cancellations must be received by Dr. Kimberly Chambers by 1/18/19 at kchambers@d125.org.

IASPA Conference GUEST Registration Form

To be used for **Guest attendees** who will be accompanying an IASPA Member to the conference.

(If multiple people in your organization wish to *become IASPA Members* & attend the conference, don't list them below; instead, use a separate Registration Form (pg. 1) for each IASPA "Membership".)

District/Organization Name: _____
Address: _____
City, State, ZIP: _____
Accompanying IASPA Member: _____

Guest Name (include prefix, i.e. Dr.)	
IEIN (required for PD credit)	
Job Title	
Email Address	
Attending conference as guest: <input type="checkbox"/> Both Days <input type="checkbox"/> Thursday Only <input type="checkbox"/> Friday Only	
<input type="checkbox"/> I am attending the Thursday luncheon and request a vegetarian entrée.	

Guest Name (include prefix, i.e. Dr.)	
IEIN (required for PD credit)	
Job Title	
Email Address	
Attending conference as guest: <input type="checkbox"/> Both Days <input type="checkbox"/> Thursday Only <input type="checkbox"/> Friday Only	
<input type="checkbox"/> I am attending the Thursday luncheon and request a vegetarian entrée.	

Guest Name (include prefix, i.e. Dr.)	
IEIN (required for PD credit)	
Job Title	
Email Address	
Attending conference as guest: <input type="checkbox"/> Both Days <input type="checkbox"/> Thursday Only <input type="checkbox"/> Friday Only	
<input type="checkbox"/> I am attending the Thursday luncheon and request a vegetarian entrée.	

Guest Name (include prefix, i.e. Dr.)	
IEIN (required for PD credit)	
Job Title	
Email Address	
Attending conference as guest: <input type="checkbox"/> Both Days <input type="checkbox"/> Thursday Only <input type="checkbox"/> Friday Only	
<input type="checkbox"/> I am attending the Thursday luncheon and request a vegetarian entrée.	