



IASPA XIII Annual State Conference
January 23/24, 2020
 Hilton Lisle - 3003 Corporate W Drive - Lisle, IL 60532

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, c/o Arlington Heights SD 25, 1200 S. Dunton Avenue, Arlington Heights, IL 60005

Registration Deadline: January 17, 2020. 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* _____

***Required Fields**

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

Options	Number Attending	Fee	Total
IASPA Annual Professional Membership Dues - Plus BOTH Conference days		\$450	
IASPA Annual Professional Associate Membership Dues - Plus Both Conference days		\$400	
IASPA Annual Professional Membership Dues ONLY - No Conference attendance		\$200	
IASPA Annual Professional Associate 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		\$150	
Current IASPA member - conference fee only - FRIDAY Conference		\$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:	
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IASPA Conference Registration Refund Policy: Conference registration cancellations received on or before 1/17/20 will be refunded less a \$50 processing fee. Cancellations received after 1/17/20 or no-shows cannot be refunded; IASPA is responsible for payment whether you attend or not, as final numbers will have been provided to the site by this date. *Requests for cancellations must be received by Michael Johann by 1/17/20 at iaspa.executive.director@gmail.com.*

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.	

