



**IASPA 2021 Virtual Conference**  
**XIV Annual State Conference**  
**January 21-22, 2021**

## Membership / Virtual Conference Registration Form

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

**Online:** Complete the online form ([www.iaspa.org](http://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 15, 2021.** 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**

Options	Number Attending	Fee	Total
IASPA Annual <b>Professional</b> Membership Dues - <b>Plus</b> Conference		\$450	
IASPA Annual <b>Professional Associate</b> Membership Dues - <b>Plus</b> Conference		\$400	
IASPA Annual <b>Professional</b> Membership Dues ONLY - No Conference attendance		\$200	
IASPA Annual <b>Professional Associate</b> Membership Dues ONLY - No conference attendance		\$150	
<b>Current IASPA member</b> - conference fee only		\$250	
<b>In-District Guest</b> of current IASPA member - conference fee		\$300	
<b>Total Payment:</b>			

**IASPA Conference Registration Refund Policy:** Conference registration cancellations received on or before 1/15/21 will be refunded less a \$50 processing fee. Cancellations received after 1/15/21 or no-shows cannot be refunded; Requests for cancellations must be received by Michael Johann by 1/15/21 at [iaspa.executive.director@gmail.com](mailto: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: \_\_\_\_\_

<b>Guest Name</b> (include prefix, i.e. Dr.)	
IEIN (required for PD credit)	
Job Title	
Email Address	

<b>Guest Name</b> (include prefix, i.e. Dr.)	
IEIN (required for PD credit)	
Job Title	
Email Address	

<b>Guest Name</b> (include prefix, i.e. Dr.)	
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