



2019 ATTENDEE REGISTRATION INFORMATION

69TH ANNUAL ILSNA CONFERENCE & EXPO • JUNE 25-26, 2019

EXPO: JUNE 26, 2019 • DRURY LANE, OAKBROOK, IL

Please make copies for additional registrants

Name: _____

Title: _____

Organization: _____

Address: _____ City/State/Zip: _____

Phone: _____

Email: _____

Position: Staff Manager Director

Dietary Needs: Vegetarian Gluten-Free Allergy: _____

REGISTRATION TYPE

	Member Rate	Non-Member Rate
Full Conference:	<input type="checkbox"/> \$250	<input type="checkbox"/> \$300
Tuesday Only	<input type="checkbox"/> \$210	<input type="checkbox"/> \$250
Wednesday Only :	<input type="checkbox"/> \$210	<input type="checkbox"/> \$250

Check if paying with PO

PO # _____ Company Name to Invoice: _____

Address: _____ City/State/Zip: _____

GRAND TOTAL ENCLOSED: \$ _____

PAYMENT INFORMATION

Credit Card: Visa Master Card AMEX Check enclosed Check # _____ (made payable to ILSNA)

Card #: _____ Exp. Date: _____ CVV Code:* _____

*This is the 3 digit number found next to the signature panel on the back of the card. AMEX ONLY - This is the four digit number found on the front of your card.

Name on Card: _____

Signature: _____

Billing Address & Zip Code: _____

RETURN TO: ILSNA, 400 Capital Circle SE, Suite 18270, Tallahassee, FL 32301 or via email to info@ilsna.net

Refund Policy: Refund requests must be received in writing no later than May 15, 2019. No refunds will be given after this date. Registrations may be transferred.
Special Needs: Please call the ILSNA office at (850) 765-2960 seven (7) business days prior to the meeting if you require any special accommodations or assistance.