

Illinois Municipal League
100th Annual Conference
October 17-19, 2013 at the Hilton Chicago Hotel



EDUCATE. ADVOCATE. EMPOWER.

Registration Form

Save time - skip the form and **REGISTER ONLINE** <http://conference.iml.org>

Attendee Registration Information:

First: _____ Middle: _____ Last: _____
 Title: _____
 Municipality/Company: _____
 Municipality/Company Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 E-mail for Confirmation: _____ *(Required)*

Registration Fees [Please mark appropriate box(s)] Make copy of form for additional attendees if needed.

Total Conference Package \$295 (Includes all conference sessions, 2 receptions, 1 Sat. Luncheon ticket & 1 Sat. Banquet ticket)	One Day Registrations				
	Thursday \$150 (Includes all Thursday Conference sessions and Get Acquainted Reception)	Friday \$150 (Includes Opening session and all Friday Conference sessions)	Saturday \$150 (Includes all Saturday Conference sessions and 1 Saturday Luncheon ticket)	Individual Event Ticket Saturday Annual Luncheon \$50 each	Individual Event Ticket Saturday Night Banquet \$100 each
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Special Dietary needs Please specify: _____			<input type="checkbox"/> Special Dietary needs Please specify: _____	# of tickets: _____ <input type="checkbox"/> Special Dietary needs Please specify: _____	# of tickets: _____ <input type="checkbox"/> Special Dietary needs Please specify: _____

Conference Registration Fee Payment Information: Total Amount Due: \$ _____
 If paying by check: make payable to Illinois Municipal League, and mail to: PO Box 5180, Springfield, IL 62705-5180

Conference Registration Cancellation Policy: Full refund for cancellations received in writing by 4:30 p.m. September 27, 2013. Refund checks will be issued after the conference. No refunds will be made for cancellations after September 27, 2013.
If you do not cancel by September 27, 2013, you will be charged.

FOR PAYMENT BY CREDIT CARD: Visa/MasterCard ONLY | Fax to: (217) 525-7436

Name on Card: _____ Daytime phone: _____
 Credit Card #: _____ Verification #: _____ (3 digits on back of card)
 Expiration Date: (mm/yy) _____ / _____ Signature: _____

