

**LeadingAge Illinois Attendee Registration Form** - If you have a large group, fill out this page as many times as needed. Mail directly to the Registration office or Print form and fax to 815-753-6900. **Email** outreachregistration@niu.edu



Date Submitted:  Total # of Attendees included:

Organization:

Address:

City:  County:  State:  Phone Contact:

- LeadingAge IL Member  
 Non-Member

#  Name:  Title:

Email:  Address/City/State if different from above:

Sessions: A  B  C  D  E  F  G  H  I  J  K

**Register Below for the Pre-Conference Workshop Featuring Teepa Snow - Monday April 1, 2019 10:00 am - 5:00 pm**

- Preconference Workshop only- \$249.00 pp  
 Preconference Workshop (if already attending or registering for the regular conference) - \$149.00 additional pp  
 Frontline Staff: CNA, Restorative Aides, Activity Aides, Dietary Aides, PTA, OTA - \$79.00 pp

**Meals:**  Tuesday - Lunch  Tuesday - Reception  Wednesday - Lunch  \* Dietary Restrictions Lunch options

**\* Please note LAIL will contact you regarding your dietary restrictions**

**Check this box if you influence or decide purchasing of products or services at your organization?**

Check all that apply:  Accounting/Banking/Finance  Construction/Design/Build  Elec Med Records  HR Systems  
 Fac. Mgmt/Janitorial/Sanitation  Food Mgmt/Serv./Nutrition  Ins./Risk Mgmt  IT/Tech. Systems  Legal Services  Pharmacy  
 Marketing/Sales  Medical Devices Equip.  Rehab/Therapy  Resident/Personal Care  Wellness Programs/Equip.  Other

#  Name:  Title:

Email:  Address/City/State if different from above:

Sessions: A  B  C  D  E  F  G  H  I  J  K

**Register Below for the Pre-Conference Workshop Featuring Teepa Snow - Monday April 1, 2019 10:00 am - 5:00 pm**

- Preconference Workshop only- \$249.00 pp  
 Preconference Workshop (if already attending or registering for the regular conference) - \$149.00 additional pp  
 Frontline Staff: CNA, Restorative Aides, Activity Aides, Dietary Aides, PTA, OTA - \$79.00 pp

**Meals:**  Tuesday - Lunch  Tuesday - Reception  Wednesday - Lunch  \* Dietary Restrictions Lunch options

**\* Please note LAIL will contact you regarding your dietary restrictions**

**Check this box if you influence or decide purchasing of products or services at your organization?**

Check all that apply:  Accounting/Banking/Finance  Construction/Design/Build  Elec Med Records  HR Systems  
 Fac. Mgmt/Janitorial/Sanitation  Food Mgmt/Serv./Nutrition  Ins./Risk Mgmt  IT/Tech. Systems  Legal Services  Pharmacy  
 Marketing/Sales  Medical Devices Equip.  Rehab/Therapy  Resident /Personal Care  Wellness Programs/Equip.  Other

# Registration Fees and Payment Information

**Registration Fees:** Check all that apply

*All rates are per person.*

**LeadingAge Illinois Provider Member:** Early/Standard Rate

- Group of 5 to 9 (per person) \$399/\$414
- Group of 10 to 14 (per person) \$349/\$364
- Group of 15 to 19 (per person) \$299/\$314
- Group of 20 or more (per person) \$249/\$264
- Individual Full Conference Rate \$549/\$564
- Individual Daily Rate \$249/\$264

**Provider (Non-Member):**

- Individual Full Conference \$749/\$799
- Individual Daily Rate \$299/\$349

**Vendor/Business Firms, (Non-Exhibiting) Member:**

- Individual Full Conference Rate \$849/\$899
- Individual Daily Rate \$349/\$399

**Vendor/Business Firm Non - Exhibiting Non - Member**

- Individual Full Conference \$1099/1149
- Individual Daily Rate \$449/\$499

**Other:**

- Resident/Honorary Member/Spouse \$199

\* See Page 8 of the Advanced Program for Restrictions of the Board & Trustee Rate

**Registration Items and Amount Due:** Fill out the information below

Item:	Registration Category:	Quantity:	Fee:	Amount:
1				
2				
3				
4				
5				

Amount Due:

**Pay by credit card** - Print form and **fax** to 815-753-6900.

**Please Note:** The charge to your credit card will appear on your statement as NIU Outreach, DeKalb, IL.

**Pay by check or P.O.** - Print form and mail to: Outreach Registration, Northern Illinois University, DeKalb, IL 60115. Please make checks payable to Northern Illinois University.

**Groups larger than 4 people:** Fill out the "Additional Attendees Registration Form." Complete the form as many times as needed until all individuals are registered. Print form(s) and include with primary registration form when submitting by fax or mail.

**Early and Standard rates are shown. Registrations submitted by February 4, 2019 will receive the Early Registration Rate. Registrations submitted by March 4, 2019 will receive the Standard Registration Rate. See page 44 of the Advanced Program for more information.**

**Splitting/Sharing Badge Policy:** Splitting or sharing a registration is not permitted.

**Cancellations/Refunds/Substitutions:** Refer to Page 45 of the Advanced Program for Cancellations, Refunds, or Substitutions

**LeadingAge Illinois Annual Meeting Questions?**

Contact LeadingAge Illinois Meeting Service at 630-325-6170 or meetingservices@leadingageil.org

**Registration Questions?** Contact the Registration Office at 815-753-7922 or OutreachRegistration@niu.edu.

**Payment Information:** check form of Payment Below

Check Enclosed Purchase Order#:  **FEIN** (required for P.O.):

MasterCard  Visa  AmEx  Discover Credit Card#:  Exp. Date:

Billing Address:

Billing Zip Code:  Name on Card:  Signature: