

# Fall Conference Registration Form

Please photocopy this registration form for additional attendees.

PLEASE PRINT CLEARLY.

NAME \_\_\_\_\_  This is My First IACCE Conference

TITLE \_\_\_\_\_

CHAMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ NO. OF CHAMBER MEMBERS \_\_\_\_\_

EMAIL \_\_\_\_\_

My spouse/significant other will be attending. (Note Registration Fee for Meals below)

Name: \_\_\_\_\_

## Registration Fees:

<input checked="" type="checkbox"/>	PACKAGE OR EVENT	MEMBER	NON-MEMBER	TOTAL
	Full Registration BEFORE Oct. 19	\$ 249	\$ 299	
	Full Registration AFTER Oct. 19	\$ 299	\$ 349	
	One-Day Registration <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri.	\$ 149	\$ 199	
	Spouse/Significant Other Attending (Meals)	\$ 100	\$ 100	
	Only Attending Annual Meeting/Awards	\$ 30	\$ 30	
	Additional IACCE attendee from your Chamber	\$175	—	

**TOTAL ENCLOSED** \$

## Payment Options

- CHECK (payable to IACCE)  
 DISCOVER  MASTERCARD  VISA

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

CREDIT CARD \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

\_\_\_\_\_ EXP. DATE \_\_\_\_ / \_\_\_\_

SIGNATURE \_\_\_\_\_

## Registration Deadline: OCTOBER 15

Once you have registered, you will receive a conference email with registration confirmation, directions, map, and final program details.

## Scholarships Available:



Visit [www.IACCE.org/scholarships.php](http://www.IACCE.org/scholarships.php) to learn more about scholarships available for IACCE members! **Apply Today!**

## Cancellation Policy:

Due to conference guarantees, reservations cancelled **after** October 15 will not be refunded. Reservations cancelled **prior** to October 15 will be reimbursed minus a \$50 processing fee.

## Got Questions?

For more information, call the IACCE office at (217) 522-5512, or visit [www.iacce.org/FC2008.php](http://www.iacce.org/FC2008.php).



**PAYMENT MUST BE RECEIVED IN ADVANCE OF THE CONFERENCE.**

Please remit to: IACCE, 215 E. Adams, Springfield, IL 62701

OR, FAX this form today to (217) 522-5518 with credit card information completed.