# **ILCMA WINTER CONFERENCE 2025**

#### CORPORATE SPONSOR REGISTRATION FORM A FORM MUST BE SUBMITTED FOR EACH SPONSOR ATTENDEE

## **Sponsor Attendee Contact Information**

riist Name for Badge:	vete	ran? Y or NBranch of Service?	
Title:			
Organization:			
Address:		City/State/Zip:	
Email:		Phone	
Partner/Spouse Name (if registering)			
Conference Registration		Social Events & Guest Meals	
Partnership Level 2 complimentary attendees exhibit table		Wednesday Night Welcome Reception No Fee Thursday Dinner at Children's Museum No Fee Thursday Night IAMMA Social Event No Fee	
Sponsorship Level Sponsor 1 complimentary attendee		Friday 5K Run/1.5 M Walk No Fee	
Benefactor Level Sponsor	\$255	Spouse/Partner Meal package \$145 includes 2 breakfasts (Thu/Fri) and 2 dinners & 2 cocktails (Wed/ThuSpouse/Partner Thursday Dinner & 2 cocktails \$60Spouse/Partner Breakfast	
Additional Sponsor Attendee	\$255		
Pre-Conference Session Worksho		Thursday \$36Friday \$36	
bruary 7-9, 2024		Registration Total \$	

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To pay separately for guest meals, mail a separate check payment, fax a separate form with credit card information or email OutreachRegistration@niu.edu and an Outreach Registration representative will contact you to process a credit card payment.

#### Three easy ways to register: **EVENT#20299**

ON-LINE: https://www.ilcma.org/conferences

PHONE: 800-345-9472 FAX: 815-753-6900

**MAIL** completed registration form and payment to:

Outreach Services Registration Office

Northern Illinois University

DeKalb, IL 60115

Register by January 29th! For a full refund, you must cancel your registration by January 29th. Cancelations made after January 29th incur a \$50 fee. Room reservations under the ILCMA room block at Bloomington-Normal Marriott can be made at Book Your Group/Corporate Rate | Marriott International

Questions about the conference? Contact Alex Galindo at agalindo@niu.edu or 815-753-5424

**Questions about registration?** Contact the registration office OutreachRegistration@niu.edu or 800-345-9472

## If registering by Mail/Fax with Credit Card: circle one: Visa, Mastercard, Discover, American Express

Card Number:
Expiration Date:
Name on Card:
Address:
City/State/Zip:
Signature
cardholder's name and address must be exactly the way it appears on
their credit card statement

If registering by Mail with check send completed form with check payable to ILCMA and mail to: **Outreach Services Registration Office Northern Illinois University** 

**DeKalb, IL 60115** 

