



Registration Form
**Illinois Assisted Living
Manager's Bootcamp - 2020**

Wednesday, April 15 – 10:00am – 5:00pm

Thursday, April 16 – 8:30am – 3:00pm

IEA – Springfield, IL

Please check the appropriate box:

	<u>LeadingAge Illinois Member Rates</u>	<u>Non-Member Rates</u>
1 st person from a single site	<input type="checkbox"/> \$349	<input type="checkbox"/> \$569
Additional persons from same site	<input type="checkbox"/> \$299	<input type="checkbox"/> \$499

Organization: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

1) Name: _____ Title: _____

E-mail: _____

2) Name: _____ Title: _____

E-mail: _____

Please copy this form for additional registrants

Payment Information: Total Due: \$ _____

Check Enclosed (payable to LeadingAge Illinois) or provide the credit card information below:

Check card type: Visa MasterCard Discover American Express

Card Number: _____ Exp. Date _____

Name on Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

I authorize LeadingAge IL to charge my credit card for the amount shown above.

Signature: _____

Card holder E-mail address: _____ Card holder phone #: _____

Registration Information:

- Fax the registration form to 630.325.9273. Forms must be received by deadline Thursday, April 9.
- If paying by check, mail a copy of the form and check to: **LeadingAge Illinois, Dept. #10347, P.O. Box 87618, Chicago, IL 60680-0618**. Make check payable to LeadingAge Illinois.
- No refunds will be made after Thursday, April 9. Cancellations on or prior to the deadline will receive a refund less a \$20 administrative fee. All cancellation requests must be made in writing. Fax cancellation requests to 630.325.9273 or email to meetingservices@leadingageil.org.
- If you have questions e-mail: meetingservices@leadingageil.org or phone 630.325.6170.