

TRADESHOW REPRESENTATIVE REGISTRATION FORM

Tradeshow is Wednesday, October 2nd 3-6:30 pm

Company:		Booth Number:	
If IIA of IL should have questions on this form contact:			
Name: Phone:		Email:	
Tradeshow Representative Costs Breakdown: • Booth includes two Tradeshow Representatives for entire event • Each additional Representative is \$100/person for entire event	• Educa	tration Includes tion classes, continental breakfast, luncheon, all networking for entire O, social events and meal functions.	
Please indicate if you will be joining us on Wednes	day for lunch	- (Included in registration-needed for head count only)	
Representative 1:	Represe	Representative 2:	
Company:	Compar	Company:	
Address:	Address	Address:	
City: State: Zip:	City:	State:Zip:	
Phone:Badge Name:	Phone:	Badge Name:	
Email:	Email: _		
☐ Free (Entire CONVO) ☐ Attending Wednesday Lu	unch	☐ Free (Entire CONVO) ☐ Attending Wednesday Lunch	
Representative 3:	Represe	entative 4:	
Company:		Company:	
Address:	1	Address:	
City:State:Zip:		State:Zip:	
Phone:Badge Name:	Phone:	Badge Name:	
Email:	Email: _		
□ \$100 (Entire CONVO) □ Attending Wednesday Li	unch 🗖 \$100	(Entire CONVO)	
Cancellations: Full refund before 8/15/19. From 8/16/19 to 8/31/19, a Substitutions may be made at any time.	50% cancellation fee	will apply. No refunds after 9/18/19.	
Method of Payment Total:		Return form to:	
☐ Check		Tami Hubbell IIA of IL CONVO Tradeshow	
☐ MasterCard ☐ Visa ☐ AmEx	☐ Discover	P.O. Box 3352 • Springfield, IL 62708-3352 (217) 793-6660, ext. 3016	
Card #: Exp. Date	Exp. Date:		