



# 2015 School District Registration Form

**COMPLETE A SEPARATE FORM FOR EACH REGISTRANT**

Full Name \_\_\_\_\_ Name on Badge \_\_\_\_\_

Position \_\_\_\_\_

School District \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Will a Guest/Spouse be attending? Yes No Guest/Spouse Name \_\_\_\_\_

Are you retiring in the 2014-2015 school year? Yes No Are you a first time attendee? \_\_\_

## CONFERENCE REGISTRATION Through 04/10 04/11 - Onsite TOTAL

<b>BASIC A   BASIC B   BASIC PLUS STUDENT   HONORARY FACILITIES MANAGEMENT DESIGNEE SUPPORT STAFF DESIGNEE</b>	Full Conference Wednesday Only Thursday Only	\$495 \$395 \$425	\$535 \$435 \$465	\$ _____ \$ _____ \$ _____
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<b>PREMIUM   PREMIUM PLUS   EMERITUS FOUNDATION STUDENT PREMIER   PAST PRESIDENT</b>	No Charge	\$ _____
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<b>EMERITUS</b>	\$100	\$100	\$ _____
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<b>NONMEMBER (SCHOOL PERSONNEL ONLY)</b>	Full Conference Wednesday Only Thursday Only	\$525 \$425 \$455	\$565 \$465 \$495	\$ _____ \$ _____ \$ _____
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## ADDITIONAL ITEMS

<b>GUEST/SPOUSE REGISTRATION</b>	\$100	\$100	\$ _____
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**TOTAL \$ \_\_\_\_\_**

## Method of Payment: Make payable to Illinois ASBO

Check/PO    Check # \_\_\_\_\_ PO# \_\_\_\_\_     VISA     MasterCard     Discover     AMEX

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

## Three Easy Ways To Register: \* If you do not receive an e-mail confirmation of registration, please contact our office.

**1 Online at:**  
www.iasbo.tools/ACregistration

**2 Mail to:** Illinois ASBO 64th Annual Conference  
NIU, IA-103, 108 Carroll Avenue  
DeKalb, IL 60115

**3 Fax:**  
(815) 516-0184

**Conference & Membership Questions:** Nicole Lee at (815) 753-9305 or nalee@iasbo.org

By completing this form, I understand that while attending this program, photographs, videotapes and/or recordings may be taken and of which, I may be part of; Therefore, I grant Illinois ASBO permission to use any of them as they may deem appropriate.