

2010 Illinois League of Financial Institutions Convention Registration

September 9-12 2010

Registration Fee Schedule

(Registration includes all specified functions for both delegate and spouse/guest.)

Member First Registrant	\$650	Retiree/Alumni	\$ 300
Additional Registrant	\$600	R/A Spouse/Guest	\$ 250
Member Spouse/Guest	\$350	Non-Member	\$1100
Children (under 18)	\$ 50	Non-Member Spouse/Guest	\$ 575

<u>Delegate</u>	<u>Spouse/Guest</u>	<u>Mailing Address</u>	<u>City/State/Zip</u>
<u>Name (for badge)</u>	<u>Name (for badge)</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Delegates _____
Total Spouses/Guests \$ _____
Registration Fee(s) \$ _____
Golf Fee(s) \$ _____
Total Amount \$ _____

Make Check Payable to:
ILLINOIS LEAGUE OF FINANCIAL INSTITUTIONS

Please help us control costs by indicating how many registrants will be expected to attend each of the following events:

- ▶ **Thursday Afternoon Lunch & Breakout Sessions** _____
- ▶ **Thursday Evening Joint Opening Reception** _____
- ▶ **Friday Morning Joint Breakfast** _____
- ▶ **Friday Morning Joint Spouse/Guest Program** _____
- ▶ **Friday Noon Illinois Delegates/Spouses/Guests Lunch/Annual Business Meeting** _____
- ▶ **Friday Evening Joint Desserts & Cordials Reception & Silent Auction** _____
- ▶ **Saturday Morning Joint Breakfast** _____
- ▶ **Saturday Evening Joint Chairmen's Reception** _____
- ▶ **Saturday Evening Joint Farwell Reception** _____

Company Name _____
Address _____
City/State/Zip _____
Person making registration _____
Phone# _____ **Fax#** _____ **Email:** _____

Please return this form with check to:
Convention Department
Illinois League of Financial Institutions
133 South 4th Street, Suite 206
Springfield, IL 62701
(217)522-5575 Fax (217)789-9115

FOR LEAGUE USE ONLY

Date Rec'd _____
Amt. Paid \$ _____
Owing \$ _____
Paid in Full \$ _____

A receipted copy will be returned to you for your files.