

# Associate Member Registration IAAP Annual Convention – May 11, 2010 Springfield Crowne Plaza Hotel

*Please print clearly*

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of person completing registration form: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## Expo Display Booth

I would like \_\_\_\_\_ Expo display booth space(s) at **\$300.00 each** ..... \$ \_\_\_\_\_

Check here if you would like: a corner booth  and/or a wireless Internet connection

**OR**

My company is not interested in purchasing an Expo display booth; however, we want to be listed in the Convention program as supporting the Associates' Luncheon by making a **\$50.00 donation**. \$ \_\_\_\_\_

**Please register the following people (including all booth workers) at \$150 each:**

Name	Company (if different than above)	Email (Registration confirmation will be sent via email or postal mail.)

*Attach additional sheets if necessary.*

***Your booth space will not be guaranteed until payment is received by the IAAP.***

Number of attendees \_\_\_\_\_ x \$150 = \$ \_\_\_\_\_

Total amount of payment including Expo booth, attendees, and/or Associates' Luncheon support \$ \_\_\_\_\_

## PAYMENT OPTIONS

**Check or Money Order**

Write a check or money order payable to the IAAP in the amount indicated on the Registration form then mail these to: **IAAP, 1115 S. 2<sup>nd</sup> Street, Springfield, Illinois 62704**

See next page for details about Credit Card option.

## Credit Card

Visa or Master Card Credit Card		
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Credit Card Number *	Expiration Date
Cardholder's Name (as it appears on the card)		Card Security Code (final three digits on back of card)
Billing Address	City, State, Zip	
Cardholder's Signature		
<p><b>Fax completed Registration and Credit Card forms to (217) 241-1641.</b> * Alternatively, provide your credit card number by telephone at (217) 241-1639 after completing, signing and faxing these forms.</p>		