

ILRTA Conference – Registration Form
October 24 & 25, 2011
 Register by October 5, 2011 and SAVE MONEY!

Name (Mr. Ms. Dr.) _____ Agency /Job Title _____

Mailing Address (Home preferred) _____

Work Phone _____ Home Phone _____

Email _____ FAX _____

Conference fee includes continental breakfast, lunch, and Professional CEU's

Please indicate special diet considerations _____

I would like to reserve table space to provide information on opportunities at my facility (\$10.00)

FullTwoDay Conference

(includes a free 2012 ILRTA membership)

Professional
Student

**Postmarked
by Oct. 5**

\$195.00
\$ 55.00

**Postmarked
after Oct. 5**

\$215.00
\$ 65.00

OneDay Attendance

(includes a free 2012 ILRTA membership)

Professional
Student

\$125.00
\$ 40.00

\$135.00
\$ 50.00

If you are registering for one day, please indicate day of attendance Monday Tuesday

Table space for T.R. Agency Exhibit \$10.00
 Table for Vendors \$50.00
 Additional Lunch Tickets \$25.00 \$ _____
 TOTAL FEES ENCLOSED: \$ _____

Please make check payable and mail to: **ILRTA**
 Post Office Box # 587
 Oak Forest, IL 60452

ILRTA MEMBERSHIP INFORMATION
Membership year: January 1, 2012 to December 31, 2012

Please select membership category: Professional _____ Associate _____ Student _____

Please select your region of the state: Northern _____ Central _____ Southern _____

ATRA member: Yes _____ No _____

Please select your service area:
 ___ Child life ___ Community ___ Corrections ___ Developmental Disabilities ___ Skilled Nursing
 ___ Education ___ General Med. ___ Gerontology ___ Physical Medicine/Rehab ___ Substance Abuse
 ___ Schools ___ Special Rec. ___ Pediatrics ___ Psychiatric/Mental Health

Other _____