

**ILRTA Conference – Registration Form**  
**November 12 & 13, 2018**  
**Register by October 18, 2018 and SAVE MONEY!**  
**For questions or additional information please call 708-687-4396**

Name (Mr. Ms. Dr.) \_\_\_\_\_ Agency /Job Title \_\_\_\_\_  
 Address (Home preferred) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

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

- Please provide a vegetarian lunch                       Please provide a gluten free lunch  
 Other dietary needs \_\_\_\_\_  
 I would like to reserve table space to provide information on opportunities at my facility (\$10.00)

If you have any disability that requires special materials or services, please contact the ILRTA office at 708 - 687- 4396, or email dorilrta@yahoo.com

<b>Full Two Day Conference</b> <i>(Includes a free 2019 ILRTA membership)</i>	<b>Received by Oct. 15</b>	<b>Received by Oct. 31</b>	<b>At the Door</b>
<b>Professional</b>	\$ 240.00	\$ 250.00	\$ 270.00
<b>Student</b> (does not include CEUs)	\$ 100.00	\$ 110.00	\$ 125.00

<b>One Day Attendance</b> <i>(Includes a free 2018 ILRTA membership)</i>			
<b>Professional</b>	\$ 145.00	\$ 155.00	\$ 170.00
<b>Student</b> (does not include CEUs)	\$ 70.00	\$ 80.00	\$ 95.00

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

**Please note: if you are registering for the conference, there is no additional fee for meals or membership.**

Table space for T.R. Agency Exhibit                      \$10.00  
 Table for Vendors    \$50.00  
 Additional Lunch Tickets \$30.00                      \$ \_\_\_\_\_  
**TOTAL FEES ENCLOSED:**                              \$ \_\_\_\_\_

**Check must accompany registration form. Please make check payable and mail to:**

**ILRTA**  
**Post Office Box # 587**  
**Oak Forest, IL 60452**

**ILRTA MEMBERSHIP INFORMATION**

**2019 membership included in Conference Fee.**

Please select membership category: **Professional \$40.00** \_\_\_\_\_ **Associate \$30.00** \_\_\_\_\_ **Student \$15.00** \_\_\_\_\_  
 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 \_\_\_\_\_