The Arc of Illinois Presents

Continuing to Build Better Tomorrows

June 11-12, 2020

3540

If financial restrictions prevent you from paying full registration, consumer stipends for self-advocates and families are available through funding from the Illinois Council on Developmental Disabilities by contacting The Arc of Illinois at 815-464-1832.

FULL REGISTRATION
(Per person - includes both days)

_____ PROFESSIONALS ARC MEMBER	$130.00	$ _____
_____ PROFESSIONALS NON-ARC MEMBER	$160.00	$ _____
_____ SELF-ADVOCATES/FAMILY ARC MEMBER	$100.00	$ _____
_____ SELF-ADVOCATES/FAMILY NON-ARC MEMBER	$130.00	$ _____

DAILY REGISTRATION

_____ PROFESSIONALS ARC MEMBER PER DAY	$80.00	$ _____
_____ PROFESSIONALS NON-ARC MEMBER PER DAY	$110.00	$ _____
_____ SELF-ADVOCATES/FAMILY ARC MEMBER	$60.00	$ _____
_____ SELF-ADVOCATES/FAMILY NON-ARC MEMBER	$90.00	$ _____

INDICATE WHICH DAYS YOU WILL ATTEND: ___THURSDAY ___FRIDAY

INTRODUCTORY YEARLY MEMBERSHIP- NEW MEMBERS ONLY (available only for the convention)
____ YES, I WOULD LIKE TO JOIN THE ARC OF ILLINOIS FOR $20.00 $ _____

TOTAL ENCLOSED: $ _____

INSTRUCTIONS: Please print or type all information. Mail completed form to: The Arc of Illinois, 9980 190th St., Suite C, Mokena, IL 60448. Make checks payable to The Arc of Illinois. You may fax this form to 815-464-5292 and send the fee with the hard copy of this form in the mail. On-site registration will be available at the convention. You may also register online at www.thearcofil.org/events. YOUR NAME AND CHAPTER/AGENCY WILL APPEAR ON YOUR NAME BADGE EXACTLY AS YOU INDICATE ON THIS FORM.   PLEASE PRINT CLEARLY.

FULL NAME: _____

ORGANIZATION (if applicable): _____

YOUR MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____

E-MAIL: _____

METHOD OF PAYMENT

_____ **Fax form and send check to The Arc of Illinois**

_____ **Check enclosed payable to The Arc of Illinois**

_____ **State Voucher or P.O. #** _____

_____ **Charge to my Visa, Mastercard, Discover or American Express**

Name as it appears on card: _____

Card Number: _____

Expiration Date: _____ **CVV Code:** _____ **Billing Zip:** _____

Card holder's signature: _____

Participants canceling their registration at least 72 hours before the convention may be given a refund, less $50 administrative cost. No refund will be given for cancelation less than 72 hours before the convention.