2017 CONFERENCE & ANNUAL MEETING REGISTRATION FORM

REGISTRATION INCLUDES:

- A wide variety of education sessions with 20 CERPs, nursing contact hours, and CME credit
- Breakfast, refreshments, and lunch daily
- Entrance to all receptions hosted by ILCA
- Admission to the Exhibit Hall
- Dedicated time for networking with colleagues around the world
- Access to committee meetings and network groups

Registrations must be postmarked or faxed by midnight, USA EST in order to receive the Early Bird and Standard registration rates.

Please print clearly and keep a copy of the completed form for your records. This information will be used for your name badge, conference mailings, and the Participant List. Registrations received after 1 July 2017 will be processed onsite in Toronto, Canada.

ATTENDEE INFORMATION

Name (as it will appear on the name badge):
Last _____ First _____
Credentials (Limit to 3) _____
ILCA Membership # _____
Organization (for name badge) _____
Twitter Handle @_____
Mailing Address _____
_____
City_____
State/Province _____ Zip/Postal Code _____
Country_____
Primary Telephone _____
Fax _____
Email _____

Media Disclaimer: ILCA will photograph conference events. By registering for the conference, you grant ILCA permission to record, photograph, use and distribute (both now and in the future) your image, name and voice in all forms and all media pertaining to this conference.
Cancellation and Refund Policy: All conference refund requests must be submitted in writing and postmarked no later than 31 May 2017 for a full refund, less an US$80 processing fee. Cancellations postmarked between 28 May and 30 June, 2016 will be eligible to receive a 50 percent refund. All refunds will be processed after the completion of the conference. No refunds will be given for cancellations made after 1 July 2017.
Substitution Policy: Delegates may send a substitute in their place in lieu of requesting a refund upon prior notification to ILCA.
Special Circumstances: Refunds may be granted, at the sole discretion of ILCA, if a delegate is unable to attend the conference due to a family death, illness, or other extraordinary circumstance. ILCA must be notified immediately by letter or email. ILCA retains the right to request a death certificate, physician note, or other information related to the decision. Any refund (minus the processing fee) will be issued as soon as possible and no later than four (4) weeks after the conference has concluded. ILCA is not responsible for events beyond our control such as weather conditions, flight cancellations, venue property conditions, or civil unrest. No refunds will be given in these situations

REGISTER ONLINE AT www.ilca.org/ilca17

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CONFERENCE REGISTRATION FEES

19 - 22 July 2017: Full Conference

	Early Bird By 12 May	Standard By 16 June	Late After 16 June
ILCA Member	( )US$679	( )US$804	( )US$979
Non-Member*	( )US$811	( )US$936	( )US$1111

**(includes 2017 ILCA membership)*

Daily Rate (Check the days you will attend):

	Early Bird By 12 May	Standard By 16 June	Late After 16 June
ILCA Member	( )US$249	( )US$299	( )US$349
Non-Member	( )US$324	( )US$374	( )US$424

( ) Thursday ( ) Friday ( ) Saturday

CLINICAL SKILLS ROTATION

( ) US$47 ILCA Member and Non-Member

Wednesday, 19 July 2017 (choose session)

Advanced Clinical Skills: ( ) 1:00pm-3:00pm ( ) 3:30pm-5:30pm

Primary Clinical Skills: ( ) 1:00pm-3:00pm ( ) 3:30pm-5:30pm

DONATION TO THE CONFERENCE SCHOLARSHIP FUND:

( )US$5 ( )US$10 ( )US$25 ( )US$50

PAYMENT INFORMATION

Full Conference Registration US$ _____

Daily Rate Registration:___ days at US$ _____

Clinical Skills Rotation US$_____

Donation to Scholarship Fund US$_____

Total Fee Enclosed US$_____

Payment Method:

( )Check ( )VISA ( )MasterCard ( )Discover

Credit Card # _____

Expiration Date_____ CVV_____

Signature _____

Checks must be drawn on a US bank account and made payable to ILCA. Purchase orders are not accepted. No registrations will be processed by telephone. Registrations without full payment will not be processed. ILCA is not responsible for any foreign exchange fees from other currencies.

Mail (with payment):

ILCA Conference Registrar
110 Horizon Drive, Suite 210
Raleigh, NC 27615

Fax (with credit card payment only):

+1 919 459 2075

OTHER INFORMATION (Check all that apply):

( ) This is my first ILCA conference.

( ) I would like to participate in the Parade of Flags on Thursday AM.

( ) I would like to volunteer in a session by introducing a speaker or as a room monitor.

( ) Do not include my contact information on the Exhibitor List for a one-time pre and post conference mailing.

( ) DO NOT include my name on the Conference Participant list.

( ) I require special conference luncheon meals.

( ) Vegetarian ( ) Kosher

( ) Gluten-Free ( ) Religious observance

( ) Other _____

( ) I have a physical challenge for which I will need assistance during the conference. Please contact conference@ilca.org

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