

This is your invitation to the
ILLINOIS COLLEGE AUTOMOTIVE INSTRUCTORS ASSOCIATION
SPRING 2010 CONFERENCE

April 1 & 2, 2010

Hosted by

Early

Madison College

Registration

3550 Anderson St., Madison, WI 53704

1. **Please check all areas that you teach.** **Automotive** **Collision** **Diesel**
2. I want my ICAIA mail sent to: (circle one) **School** or **Home**
(Please Print in Black)
3. Name: _____
4. School/Business: _____
5. School Address: _____
6. School City: _____ State _____ Zip _____
7. School Phone: (____) _____ Ext _____ School Fax(____) _____
8. E-mail Address: _____
9. Home Address: _____
10. Home City: _____ State _____ Zip _____
11. Home Phone: (____) _____
12. Cell Phone: (____) _____

Note: In an attempt to streamline the registration process, please return this form ASAP with your check.

Dues Status: Your dues are currently paid through which years? _____
 Your dues status is listed in the ICAIA phone directory.

Check all that apply:

- | | |
|--|---------------|
| _____ 2009-2010 1 Year ICAIA Dues (If not previously paid) | \$ 5.00 _____ |
| _____ 2009-2012 3 Year ICAIA Dues (If not previously paid) | \$15.00 _____ |
| _____ 2009-2014 5 Year ICAIA Dues (If not previously paid) | \$25.00 _____ |
| _____ 2-Day ICAIA Conference, Before March 19th (Includes Thurs Night Banquet) | \$75.00 _____ |
| _____ Thursday Conference only (w/Banquet) , Before March 19 th | \$60.00 _____ |
| _____ Thursday Conference only (w/o Banquet) , Before March 19 th | \$45.00 _____ |
| _____ Friday Conference only, Before March 19 th | \$15.00 _____ |
| _____ If paid after March 19th, then add \$20.00 for late registration fee. | \$20.00 _____ |
| _____ Retired Member or Extra People for Banquet, # _____ @ \$30.00 each = | \$ _____ |

Total received for ICAIA Conference \$ _____

Date received _____

Check # _____

Make Pre-Registration check payable to: ICAIA

Do not fax this form! No purchase orders!

Mail this form and check to:

Art Koudelka
ICAIA Executive Treasurer
 Illinois Valley Community College
 815 N. Orlando Smith Ave.
 Oglesby, IL 61348-9692

A copy of your receipt will be in your conference folder.

Meal Choice for Thursday Night Dinner Banquet

Please select only one:

____ Beef

____ Chicken