

# Meeting Registration Form

## ILMA 2010 Annual Meeting

October 9-12, 2010

Hyatt Grand Champions Resort, Villas and Spa • Indian Wells, CA

- Please read all instructions before completing registration form.
- To qualify for Early Registration your registration form and payment must be received by August 27.
- Use one form to register both attendee and spouse/guest.
- Meeting and Sports Tournament registrations are separate forms. Download separate sports registration form or register for both online at [www.ilma.org](http://www.ilma.org).

### 1. CONTACT INFORMATION

Check here if you are a first time Annual Meeting Attendee.

PLEASE LIST INFORMATION AS YOU WOULD LIKE IT TO APPEAR ON YOUR BADGE AND THE REGISTRATION LIST.

Attendee Name: \_\_\_\_\_ Nickname for badge: \_\_\_\_\_

Title: \_\_\_\_\_ Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse/Guest Name: \_\_\_\_\_ Nickname for badge: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. MEETING REGISTRATION

	EARLY REGISTRATION THROUGH AUG. 27	AFTER AUG. 27 AND ON SITE	
<input type="checkbox"/> ILMA Member	\$ 845	\$ 945	\$ _____
<input type="checkbox"/> Spouse/Guest	\$ 300	\$ 300	\$ _____
<input type="checkbox"/> Non-Member First Time Attendee Only*	\$2,150	\$2,150	\$ _____
<input type="checkbox"/> Non-Member Repeat Attendee*	\$3,500	\$3,500	\$ _____

\*See descriptions on page 10 for non-member registration fees.

2. MEETING TOTAL = \$ \_\_\_\_\_

### 3. TOURS & EVENTS REGISTRATION

**TOURS:** Saturday, October 9, 12:30 – 4:30 p.m. (See page 6.)

**Aerial Tram and Windfarm Tour**

Attendee  Spouse/Guest \$100 x \_\_\_\_\_ people = \$ \_\_\_\_\_

**Segway Celebrity Architecture Tour**

Attendee  Spouse/Guest \$190 x \_\_\_\_\_ people = \$ \_\_\_\_\_

**WILMA BOOK CLUB** Tuesday, October 12 (See page 6.)

PLEASE CHECK IF YOU PLAN TO ATTEND \$ NO CHARGE

3. TOURS & EVENTS TOTAL = \$ \_\_\_\_\_

### 4. PAYMENT INFORMATION

NO REGISTRATIONS WILL BE PROCESSED WITHOUT PAYMENT.

TOTALS SECTIONS 2 & 3 = \$ \_\_\_\_\_

Check for above amount payable to ILMA is enclosed.

Charge above amount to my:

VISA  MasterCard  American Express

Credit Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ **REQUIRED**

Billing Zip Code: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

➤ Complete and **FAX** to 703-836-8503 or **MAIL** to ILMA, 400 N. Columbus St., Ste. 201 Alexandria, VA 22314

➤ Or Register online at [www.ilma.org](http://www.ilma.org).

➤ For any meeting or registration questions please call the ILMA office at 703-684-5574.

ILMA WILL SEND YOUR CONFIRMATION VIA EMAIL WITHIN 10 BUSINESS DAYS. COPY THIS FORM FOR YOUR RECORDS