



## 2019 Fall Meeting

The Scott Resort & Spa, Scottsdale, Arizona  
Sunday, October 20 through Tuesday, October 22, 2019

### REGISTRATION FORM

Please print all information exactly as you want it to appear on badges and attendance lists.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

***Additional company personnel attending: (please include name, title, email & cell)***

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

#### REGISTRATION FEES

Member/1 <sup>st</sup> Attendee	\$685.00
Additional Attendees	\$675.00
Non-Member	\$695.00
Spouse*:	\$665.00

*\*(includes attending meeting and all meals)*

Ala Carte Meals**	
Spouse/Guest ONLY attending select Meals – circle meals	
Sunday Reception/Dinner	\$175.00
Monday Reception/Dinner	\$175.00

**Total Due:**    **Attendee(s)**    \$ \_\_\_\_\_  
                          **Spouse**                    \$ \_\_\_\_\_  
                          **Ala Carte Meals\*\***    \$ \_\_\_\_\_

**TOTAL DUE:**                    \$ \_\_\_\_\_

Make checks payable to ILDA, mail to: 827 Maple Avenue, North Versailles, PA 15137  
Fax form – 412.829.5191  
Email: [kbretcko@ilda.org](mailto:kbretcko@ilda.org)

\*\*\*\*Please notify us of any special dietary needs using attached form