

## REGISTRATION FORM

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

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

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

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

Email: \_\_\_\_\_

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

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

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

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

### REGISTRATION FEES

**Member**                      **\$750.00 per attendee (includes all meals)**

**Non-Member**                      **\$795.00 per attendee (includes all meals)**

<b>Ala Carte Meals**</b>	
<b>Spouse/Guest ONLY attending select Meals</b>	
Sunday Reception/Dinner	\$180.00
Monday Reception/Dinner	\$180.00

**Total Due:    Attendee(s)**        \$ \_\_\_\_\_

**Ala Carte Meals\*\*** \$ \_\_\_\_\_

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

Make checks payable to ILDA, mail to: 827 Maple Avenue, North Versailles, PA 15137

Email: [kbretcko@ilda.org](mailto:kbretcko@ilda.org)

\*\*\*\*Please notify us of any special dietary needs – download and complete Dietary restriction form.