

ILRTA Conference – Registration Form  
 November 12 & 13, 2012  
 Register by October 15, 2012 and SAVE MONEY!  
 For questions or additional information please call 708 687 4396

Name (Mr. Ms. Dr.) \_\_\_\_\_ Agency /Job Title \_\_\_\_\_  
 Address (Home preferred) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Conference fee includes continental breakfast, lunch, and Professional CEU's**

- Please provide vegetarian lunch
- Please indicate special diet considerations \_\_\_\_\_
- I would like to reserve table space to provide information on opportunities at my facility (\$10.00)

If you have any disability that requires special materials or services, please contact the ILRTA office at 708- 687- 4396, or email dorilrta@yahoo.com

Full Two Day Conference <i>(Includes a free 2013 ILRTA membership)</i>	Postmarked by Oct. 15	Postmarked after Oct. 15	At the Door
<b>Professional</b>	\$210.00	\$225.00	\$240.00
<b>Student</b> (does not include CEUs)	\$65.00	\$75.00	\$85.00

One Day Attendance <i>(Includes a free 2013 ILRTA membership)</i>	Postmarked by Oct. 15	Postmarked after Oct. 15	At the Door
<b>Professional</b>	\$135.00	\$145.00	\$155.00
<b>Student</b> (does not include CEUs)	\$ 50.00	\$60.00	\$70.00

If you are registering for one day, please indicate day of attendance **O Monday** **O Tuesday**

Table space for T.R. Agency Exhibit \$10.00  
 Table for Vendors \$50.00  
 Additional Lunch Tickets \$30.00 \$ \_\_\_\_\_  
**TOTAL FEES ENCLOSED:** \$ \_\_\_\_\_

Please make check payable and mail to: **ILRTA**  
**Post Office Box # 587**  
**Oak Forest, IL 60452**

**ILRTA MEMBERSHIP INFORMATION**

*Membership year: January 1, 2013 to December 31, 2013*

Please select membership category: Professional \$40.00 \_\_\_\_\_ Associate \$30.00 \_\_\_\_\_ Student \$15.00 \_\_\_\_\_  
 Please select your region of the state: Northern \_\_\_\_\_ Central \_\_\_\_\_ Southern \_\_\_\_\_  
 ATRA member: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Please select your service area:  
 \_\_\_ Child life \_\_\_ Community \_\_\_ Corrections \_\_\_ Developmental Disabilities \_\_\_ Skilled Nursing \_\_\_ Education \_\_\_ General Med.  
 \_\_\_ Gerontology \_\_\_ Physical Medicine/Rehab \_\_\_ Substance Abuse \_\_\_ Schools \_\_\_ Special Rec. \_\_\_ Pediatrics  
 \_\_\_ Psychiatric/Mental Health \_\_\_ Other \_\_\_\_\_