

# 2014 ILCA Annual Conference & Meeting Registration Form

July 23-26, 2014 | JW Marriott Desert Ridge Resort & Spa | Phoenix, Arizona, USA

Registrations must be postmarked or faxed by midnight, Eastern Standard Time (United States) in order to receive the Early Bird and Standard registration rates.

Please print clearly and keep a copy of the completed form for your records. This information will be used for your name badge, Conference mailings, and the delegate list. Registrations received after June 20, 2014 will be processed onsite in Phoenix.

Name (as it will appear on the name badge): Last Longoria First Norma  
 Credentials (limit to 3) MS, LD ILCA Membership # 151906  
 Organization (for name badge) Hidalgo County WIC Program LA#12 Twitter Name \_\_\_\_\_  
 Mailing Address 3105 W. University  
 City Edinburg State/Province Texas Zip/ Postal Code 78539  
 Country USA Primary Telephone (956)381-4646 Fax (956)380-4056  
 Email norma.longoria@wic.co.hidalgo.tx.us

## Conference Registration Fees

July 23-26: Full Conference

	EARLY BIRD By May 15	STANDARD By June 15	LATE After June 15
ILCA Member	<input checked="" type="checkbox"/> US\$695	<input type="checkbox"/> US\$820	<input type="checkbox"/> US\$995
Non-Member	<input type="checkbox"/> US\$886	<input type="checkbox"/> US\$1011	<input type="checkbox"/> US\$1186

Daily Rate (check the days you will attend):

Wednesday  Thursday  Friday  Saturday

	EARLY BIRD By May 15	STANDARD By June 15	LATE After June 15
ILCA Member	<input type="checkbox"/> US\$175	<input type="checkbox"/> US\$205	<input type="checkbox"/> US\$250
Non-Member	<input type="checkbox"/> US\$250	<input type="checkbox"/> US\$295	<input type="checkbox"/> US\$360

## Optional Selections:

### Heard Museum Group Tour

- Adults: .....US\$35  Children (6-12): .....US\$18  
 Seniors (65 and older): .....US\$25  Children (5 and younger): .....Free

### Stellar Adventures Hummer Tour

- Adults: .....US\$145  Children (10 and under): .....US\$100

Stellar Adventures Hummer and Wine Tour (Adults only).....  US\$195

Sunday Exam Strategies Workshop.....  US\$25 ILCA Member  US\$50 Non-Member

## Workshop Concurrent Sessions Selection

Wednesday, July 23, Workshops (10:30am-12:30pm and 1:30pm-3:30pm)

Select **one** workshop each for the morning and afternoon:

### Wednesday Morning Workshop Selections:

Workshop A:  WA1  WA2  WA3  WA4  WA5  WA6

### Wednesday Afternoon Workshop Selections:

Workshop B:  WB1  WB2  WB3  WB4  WB5  WB6

### Thursday, July 24, Concurrent Sessions

Select **one** session in each concurrent group:

#### Concurrent A (11:30am-12:30pm):

A1  A2  A3  A4  A5  A6  A7  A8  A9  A10

#### Concurrent B (2:30pm-4:30pm):

B1  B2  B3  B4  B5  B6  B7  B8  B9  B10

### Friday, July 25, Concurrent Sessions

Select **one** session in each concurrent group:

#### Concurrent A (11:00am-12:00pm):

A1  A2  A3  A4  A5  A6  A7  A8  A9  A10

#### Concurrent B (1:30pm-3:30pm):

B1  B2  B3  B4  B5  B6  B7  B8  B9  B10

## Payment Information

Full Conference Registration \_\_\_\_\_ US\$ 695.00  
 Daily Rate Registration \_\_\_\_\_ days at US\$ \_\_\_\_\_ US\$ \_\_\_\_\_  
 Optional Selections Total \_\_\_\_\_ US\$ \_\_\_\_\_  
**Total Fee Enclosed** \_\_\_\_\_ **US\$ 695.00**

### Please Indicate Your Payment Method:

Check  Visa  MasterCard  Discover

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ CVV \_\_\_\_\_

Checks must be drawn on a US bank account and made payable to ILCA. Purchase orders are not accepted. No registrations will be processed by telephone. Registrations without full payment will not be processed.

Media Disclaimer: ILCA will photograph conference events. By registering for the conference, you grant ILCA permission to record, photograph, use and distribute (both now and in the future) your image, name and voice in all forms and all media pertaining to this conference.

Register online at: [www.regonline.com/2014ilca](http://www.regonline.com/2014ilca)

### Or mail this form with payment to:

ILCA Conference Registrar, 2501 Aerial Center Parkway, Suite 103,  
 Morrisville, NC, 27560

### Registration paid via credit card may be faxed to:

US Fax: +1 919 459 2075

## Other Information Please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> I would like to volunteer at the Conference.   | <input type="checkbox"/> I require special Conference luncheon meals  |
| <input type="checkbox"/> I am an ILCA member.   | <input type="checkbox"/> Vegetarian   |
| <input type="checkbox"/> This is my first ILCA Conference.  | <input type="checkbox"/> Gluten-free  |
| <input type="checkbox"/> Do not include my name on the Conference Attendee List.  | <input type="checkbox"/> Kosher   |
| <input type="checkbox"/> Do not include my contact information on the Exhibitor List for a one-time pre and post mailing. | <input type="checkbox"/> Religious observance (fasting)   |
|   | <input type="checkbox"/> I have a physical challenge for which I will need assistance during the conference. Please contact me. |

## What is your work setting?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Community/public health      | <input type="checkbox"/> Private practice | Indicate any licensure you have:                                  |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Retail sales     |   |
| <input type="checkbox"/> Hospital postpartum/delivery | <input type="checkbox"/> Other            | <input type="checkbox"/> Nurse <input type="checkbox"/> Dietitian |
| <input type="checkbox"/> Hospital NICU                | <input type="checkbox"/> Not employed     | <input type="checkbox"/> Physician <input type="checkbox"/> Other |
| <input type="checkbox"/> Physician's office           |   | <input type="checkbox"/> Midwife                                  |

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Name (as it will appear on the name badge): Last Cardona First Diana  
 Credentials (limit to 3) IBCLC ILCA Membership # 151905  
 Organization (for name badge) Hidalgo Co. WIC Program Twitter Name \_\_\_\_\_  
 Mailing Address 3105 W. University  
 City Edinburg State/Province Texas Zip/Postal Code 78539  
 Country USA Primary Telephone (956)381-4646 Fax (956)380-4056  
 Email diana.cardona@wic.co.hidalgo.tx.us

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Optional Selections Total \_\_\_\_\_ US\$ \_\_\_\_\_

**Total Fee Enclosed** \_\_\_\_\_ **US\$695.00**

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