

OFFICIAL IACO 2022 FALL CONFERENCE REGISTRATION FORM

November 21-23, 2022 - Bloomington-Normal Marriott Hotel & Conference Center, Normal, IL

Attendee Full Name: _____
First Name for Badge (if different): _____
Title/Office (e.g. Coroner/Auditor) _____
County/Jurisdiction (e.g. Lee County): _____
Address: _____
City/State/Zip: _____
Phone: (_____) _____ Fax: (_____) _____
E-mail: _____

MEAL TICKETS:

Please let us know whether or not you plan to participate in the following meals. There is no additional cost for these events, however, we need accurate head counts.

Monday:

FREE Lunch: Yes No Unsure

Tuesday:

FREE Lunch: Yes No Unsure

Retirement Party: Yes No Unsure

Wednesday:

Breakfast Buffet: Yes No Unsure

Are you retiring at the end of 2022? YES NO How many years have you served as an Illinois County Official? _____

Affiliate Organization:

EVERYONE IS REQUIRED TO REGISTER FOR THE CONFERENCE! A CONFERENCE NAME BADGE WILL BE REQUIRED FOR ADMITTANCE TO ALL SESSIONS!

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Auditor | <input type="checkbox"/> County Board Member | <input type="checkbox"/> Circuit Court Clerk | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Board of Review | <input type="checkbox"/> County Clerk / Recorder | <input type="checkbox"/> Election Commission | <input type="checkbox"/> State's Attorney | <input type="checkbox"/> Veterans Assistance Commission |
| <input type="checkbox"/> Coroner | <input type="checkbox"/> County Engineer | <input type="checkbox"/> Reg. Superintendent | <input type="checkbox"/> Supervisor of Assessments | <input type="checkbox"/> Zoning Official |

Hotel Reservations:

Reservations can be made at the **Marriott** at: <https://www.marriott.com/event-reservations/reservation-link.mi?id=1660593892489&key=GRP&app=resvlink>. Follow the steps to create your hotel reservations online. I do not recommend calling the hotel to make reservations. Often, you get forwarded to the central reservation line and they do not always have (or give) accurate information. The hotel will provide you with a confirmation number when you make your reservation. **Rate: \$98/per night plus tax (Gov Rate)**. Self-Parking is complimentary for those staying at the hotel.

The hotel block expires at midnight on October 28, 2022.

Hotel cancellation/no-show policy: Reservations made and not canceled 24 Hours prior to the 1st day of check-in will be billed for the first night's room and tax and the remaining nights reserved will be canceled.

PLEASE DO NOT RESERVE MORE HOTEL ROOMS THAN NEEDED! In the past, individuals have made reservations and canceled them after the cut-off date. IACO loses access to those rooms for conference attendees and will be penalized for this through attrition. PLEASE only reserve the rooms you know you need!

IF YOU HAVE PROBLEMS MAKING A RESERVATION (or are told they're sold out), contact Autumn Devos at autumncpsolutions@gmail.com

Conference cancellation policy: Conference registrations made and not cancelled will be billed. Cancellations must be made in writing on or before Nov. 11 to receive a refund. All refunds (less a \$25 processing fee) will be made via a check mailed to the attendee after the conference. Cancellations should be sent to the Tamiko Kinkade at the address listed below or e-mail to tkcps@comcast.net.

Payment Information: The Conference Registration Fee is **\$220**, but register before Nov. 11 and receive the Early Bird Rate of **\$205**.

	Early Bird	After Nov. 11
<input type="checkbox"/> Full Conference Registration County Official/Deputy	\$205	\$220
<input type="checkbox"/> MONDAY Only (Official/Deputy)*	\$120	\$135
<input type="checkbox"/> TUESDAY Only (Official/Deputy)*	\$120	\$135
<input type="checkbox"/> RETIREMENT PARTY ONLY	\$95	\$95
<input type="checkbox"/> Spouse/Guest or Retired Official**	\$120	\$135

Spouse Name: _____

Total enclosed: _____

- Enclosed is a check for my registration
 Please apply the funds paid for the 2020 Spring Conference
 Please charge my credit card for registration

Card Type: Mastercard Visa American Express Discover

Card Number: _____

Exp. Date: _____ CVV: _____ Billing Zip: _____

Name on Card: _____

Signature: _____

***The One-Day Only Registration includes ONE day's activities (Mon. or Tues.), NOT a combination of the two!** It is critical that everyone attending the conference register and pay a registration fee. Please register everyone from your office that is attending.
****All county employees must register.**

Illinois Association of County Officials

Attn: Tamiko Kinkade, Administrator - P.O. Box 9296 - Springfield, IL 62791-9296

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