Annual Meeting Pre-Registration Form

***Due October 18, 2019***

IMVCA 65th ANNUAL MEETING
Bloomington-Normal Marriott Hotel & Conference Center
201 Broadway Avenue, Normal, Illinois 61761
Phone for Reservations: 309-862-8068

November 21st and 22nd, 2019
Thursday and Friday

Mail with check to:
IMVCA / Rich Lampman
702 N. Abbey Road
Urbana, IL 61802-2333
Phone: 217-621-8502

Registration covers admittance to talks on Nov 21st and 22nd, lunch on Nov. 21st, banquet, and hospitality hour. Refunds for registration costs may be granted based on these restrictions:

**FULL REFUND – On or before October 18th**
50% REFUND - Between October 18th and November 1st
NO REFUND - After November 1st

<table>
<thead>
<tr>
<th>QUANTITY</th>
<th>TYPE</th>
<th>PRE-REGISTRATION (On or Before October 18, 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Registration</td>
<td>$80.00 member, $110.00 non-member, $130 after Oct. 18th (regardless of membership status)</td>
</tr>
<tr>
<td>Late Membership (After June 30)</td>
<td>$30.00</td>
<td></td>
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<tr>
<td>Spouse</td>
<td></td>
<td>$25.00</td>
</tr>
<tr>
<td>Student</td>
<td></td>
<td>$20.00</td>
</tr>
<tr>
<td>Exhibitor Table</td>
<td>$50 per table</td>
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<tr>
<td>Student Competition Participant</td>
<td>Complimentary</td>
<td></td>
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TOTAL REGISTRATION PAID: $_____ (Check # ________/________Cash)

NAME BADGE TO READ: (Please print or type)

Delegate Name:

Employer/Affiliation:

-OR-

Student Name:

School Affiliation:

-OR-

Spouse Name:

MAILING ADDRESS: (Please print or type)

Name:

Organization:

Address:

City, State Zip:

Phone:  Email:  
Fax:

New Member?  Yes   No