



# 2008 Illinois State Conference

Champaign, Illinois  
October 29-31, 2008



## Conference Location

Hilton Garden Inn and Conference Center  
1502 South Neil Street  
Champaign, IL 61820  
(217) 352-9970

Rate: \$109 single/double  
Rate applies to APA room block (limited availability)

## Conference Registration

Please use only one registration form per person (copy if necessary).

The deadline for early registration is September 15, 2008 by 12pm.

APA I.D. Number \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Preferred name on badge \_\_\_\_\_

Organization \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Email Address \_\_\_\_\_

### Registration Types

Full Registration (includes lunch on Wednesday and Thursday and opening reception)

Regular	\$210/\$180 (by Sept 15 <sup>th</sup> )	\$ _____
Elected Official	\$140/\$100 (by Sept 15 <sup>th</sup> )	\$ _____
New Professional	\$160	\$ _____
Student	\$60	\$ _____
ILAPA Board Member	(FREE)	\$ _____
APA Life Member	\$100	\$ _____
Wednesday Only	\$90	\$ _____
Wednesday Only – Student	\$30	\$ _____
Thursday Only	\$90	\$ _____
Thursday Only – Student	\$30	\$ _____
Friday Only	\$30	\$ _____
Friday Only – Student	\$10	\$ _____

**Extra Events**

Opening Reception Extra Ticket (Wed.)	\$25.00	\$_____
Golf Outing (Fri.)	\$40.00	\$_____
IL vs. Iowa Planners Tailgate (Sat.)	(FREE)	Attending? Y / N

**Mobile Workshops**

Reinvention of Downtown Champaign (Wed.)	\$25.00	\$_____
Champaign-Urbana Bike Tour (Thurs.)	\$25.00 Rental Needed? Y / N	\$_____
Twin Groves Wind Farm (Thurs.)	\$25.00	\$_____
West Urbana Neighborhood (Fri.)	\$25.00	\$_____

**Paper Registration Fee** \$25.00 \$25.00

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**Total Amount Due** \$\_\_\_\_\_

Registration fees can be paid by credit card, check or purchase order. Purchase order payments may be received at the conference. **Make checks payable to "Illinois APA"**.

If you would like to purchase your registration with a credit card, please provide the following information:

Name on card: \_\_\_\_\_

Card Type (circle one): VISA    MasterCard    American Express

Card number: \_\_\_\_\_

Exp date (mm/yy): \_\_\_\_\_

*By signing below, I authorize APA to charge my credit card for the amount indicated above ("Total Amount Due").*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send registration form/fee to:

Jennifer Howland  
City of O'Fallon  
255 S. Lincoln Ave.  
O'Fallon, IL 62269  
P: (618) 622-1453  
F: (618) 624-4534