



Associated Professional Photographers of Illinois
99TH Annual State Convention
October 22-24 2011
Lisle, Illinois
800-838-2774

REGISTRATION FORM

Register online at www.appillinois.com or return form to:
Rick Trummer, 3701 Country Grove Dr., Madison, WI 53719
Please complete one form for each registrant • PLEASE WRITE LEGIBLY

Personal Information

First Name _____ Last Name _____
 Studio/Organization _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ Alt Phone (_____) _____
 E-mail (required) _____

Seminar Registration Pre-registration includes lunch on Sunday & Monday. Door registrations do **not** include lunch.

	Early Bird before Oct 7 2011	Standard after Oct 7 2011	At the door registration
Member* Registration (all days)	<input type="checkbox"/> \$135	<input type="checkbox"/> \$149	<input type="checkbox"/> \$175
Non-Member Registration (all days)	<input type="checkbox"/> \$160	<input type="checkbox"/> \$175	<input type="checkbox"/> \$200
Life Member	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$25
Member* Registration (one day)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125
Non Member Registration (one day)	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100	<input type="checkbox"/> \$125
View Print Competition	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE	<input type="checkbox"/> FREE

For Life Members and one day registrations, please indicate which day(s) you will be attending:
 Sunday, Oct 23 Monday, Oct 24

**Member is considered any member of APPI or any member of the affiliate in the states of IN, KY, MO, IA, WI, MI*

TOTAL PAYMENT: \$ _____

Is this the first time that you have attended an APPI convention? Yes No
If yes, Would you like someone to show you around the convention? Yes No
If no, Would you be willing to mentor a first time attendee? Yes No

Which committees will you be helping out at this convention?
 Props Print Photography Trade Show Registration

Payment Information

Checks should be made payable to **APPI** Check Number _____
If you wish to pay by credit card, please complete the following:

Credit Card Number _____ Visa M/C
 Card Holder's Name _____ Exp Date ____ / ____
 Signature _____ CCV _____

Accommodation

We have a special room rate of \$107. Call the hotel early to secure your room. **Wyndham-Lisle Chicago Hotel**
3000 Warrenville Road, Lisle, IL 60532
Phone: 1-630-505-1000