



Registration Form

26th Annual Convention

Minneapolis Marriott City Center Hotel, Minneapolis, MN - April 13-17, 2005

Please register by March 14th, 2005; fees are higher after that date

Please reserve hotel rooms by March 14th, 2005; special rates are available until that date.

Name: _____ Member Number: _____

Address: _____

Phone: _____; Fax: _____; E-mail address: _____

Please indicate preferred first name and school/company affiliation for convention name badge:

(First Name) _____ (Affiliation) _____

If you wish to renew your ILA membership or to join ILA (members' convention rates will apply). Please circle membership category desired.

Regular member, \$75 (2 years, \$135) Student or Emeritus member, \$35

Sustaining member, \$235 Organizational member, \$425 Life member, \$1000 (or 5 payments of \$250)

Convention Registration (unless indicated otherwise, registration fee includes continental breakfast Thursday, Friday & Saturday; lunch Thursday, Friday, & Saturday; banquet Saturday; and all breaks.)

	Before Mar. 14, 2005	After Mar. 14, 2005
Regular members, Full convention	\$195	\$220
Daily registration, Thursday	\$ 70	\$ 80
Daily registration, Friday	\$ 70	\$ 80
Daily registration, Saturday	\$ 90	\$100
Sustaining member	\$ 20	\$ 30
Organizational membership, per person	\$ 20	\$ 30
Life member	\$145	\$170
Student member: Full convention	\$145	\$170
Student registration, no meals	\$ 30	\$ 40
Student daily (circle THURS FRI SAT) (no meals)	\$ 10	\$ 15
Non-member, Full convention (includes meals)	\$270	\$295
Daily registration, Thursday	\$ 85	\$ 95
Daily registration, Friday	\$ 85	\$ 95
Daily registration, Saturday	\$ 95	\$105
Non-member student, Full convention (incl. meals)	\$180	\$205
Daily (circle THURS FRI SAT) (no meals)	\$ 25	\$ 25
Business Conference (Thursday)	\$ 50	\$ 55
Additional meals: Banquet, \$32; Lunches, \$17	\$ _____	\$ _____
Minnesota Orchestra concert, _____@ \$45	\$ _____	\$ _____
Scholarship Donation: See convention information	\$ _____	\$ _____

Total of all convention fees plus membership plus donations shown above: \$ _____

Payment options: Check enclosed (in US funds) or charge to Visa or MasterCard:

Card # _____ Expiration _____

Signature _____

Vegetarian meals required: Circle only if YES

Roommate service requested: Circle only if YES Circle only if SMOKER; circle MALE or FEMALE

We will provide your contact information to others seeking this service.

**You may register by mail (ILA, PO Box 744, River Falls, WI 54022 USA),
by fax (toll-free USA 1-888-314-9533 or +1-715-425-9533),
by phone (toll-free USA 1-800-ILA-4505 or +1-715-425-3377), or by e-mail (llistening@aol.com).**