

**2016 IFCA INTERNATIONAL ANNUAL CONVENTION REGISTRATION**

**Crowne Plaza Springfield**

**Springfield, Illinois**

**June 27 – July 1, 2016**

SEND FORM AND YOUR PAYMENT IN FULL TO:  
IFCA International, PO Box 810, Grandville, MI 49468-0810

Name \_\_\_\_\_  
(Last) (First) (Title)

Name \_\_\_\_\_  
(Last) (First) (Title)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_ Please check if this is your first IFCA Convention that you have attended.

**Child Registration - Infant - age 12**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

(Children 13 and older should attend the IFCA Youth Convention or pay the adult registration fee.)

**ADULT REGISTRATION FEES**

Weekly Registration (5 days)

Number of Adults (after June 1st - \$90) \_\_\_\_\_ x \$75 = \$ \_\_\_\_\_

OR

Daily Registration

Number of Adults (per day per adult) \_\_\_\_\_ x \$26 = \$ \_\_\_\_\_

**CHILD REGISTRATION (Infant - age 12)**

(To help with Child Care costs.)

(after June 1st - \$45)

\_\_\_\_\_ x \$35 = \$ \_\_\_\_\_

**WEEKLY MEAL TICKETS**

Number of Adults \_\_\_\_\_ x \$ 105.00 = \$ \_\_\_\_\_

Number of Children (ages 3-12) \_\_\_\_\_ x \$ 70.00 = \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

\*\*\*IMPORTANT NOTE: You must contact the hotel to make your room reservations for the convention. This form is for IFCA Convention Registration and Meals only. Thank you.