



**IACS is an accredited provider
of Cosmetology CEUs
12 Teacher CEUs Available**

Location

President Abraham Lincoln DoubleTree
(217) 544-8800
701 East Adams St., Springfield, IL 62701

Room Block Release: August 15, 2014

Room rate: \$92

Hotel Parking: \$7.00/day

Hotel Reservations: Be sure to mention IACS when making your reservations to receive the special group rate. Please call the hotel direct to make your room reservations and do not use online services (Expedia, Hotels.com, etc.) If you go through online services IACS can be penalized on its room block.

Directions

I-55 to Clear Lake Exit 98(B). Go west 2½ miles and turn LEFT on 7th Street. Go 1½ blocks, the parking garage will be on the left just past Washington Street stoplight.

Seminar Details

See the Seminar Brochure for the schedule, speaker information, and further details. Or check out the Teacher Seminar Page on the IACS website www.iacsinfo.com.

Register Today!

**Complete the Teacher Registration
Form and fax or mail to:**

IACS
225 East Cook Street
Springfield, IL 62704

F (217) 241-4683

Questions:

P (217) 528-5230 **E** info@iacsinfo.com

Illinois Association of Cosmetology Schools Fall Teachers Seminar September 7 – 8, 2014

TEACHER REGISTRATION

Send 5 or more Teachers and be recognized as a "School Sponsor"!

Please use a separate registration form for each attendee.

However, one combined payment may be made for all your attendees.

Please Print

ATTENDEE NAME _____

PERSONAL EMAIL (REQUIRED TO RECEIVE CEU CERTIFICATE) Home or School: _____

HOME ADDRESS _____

HOME CITY / STATE / ZIP _____

HOME PHONE _____ CELL PHONE _____

AFFILIATED ACHOOOL NAME (if applicable) _____

SCHOOL ADDRESS _____

SCHOOL CITY / STATE / ZIP _____

SCHOOL PHONE _____ FAX _____

Please indicate any special requirements (food allergies, handicap accessibility, etc.): _____

IMPORTANT: Please indicate any special requirements for dietary allergies/ restrictions, handicap accessibility, etc. at least 1 week in advance. Dietary changes can ONLY be accommodated with advance notice.

| NO. | REGISTRATION OPTIONS | MEMBER SCHOOL TEACHER | NON-MEMBER SCHOOL TEACHER | TOTAL |
|---|--|--------------------------|------------------------------|----------------------------------|
| | Attendee Full Registration (includes all sessions, continental breakfast & lunch) | \$ 220 | \$ 440 | |
| | Teacher Membership Dues – join with Registration | \$ 35 | \$ 125 | |
| | School Membership Dues – join with Registration | \$ 550 | | |
| TOTAL AMOUNT DUE > | | | | |
| Each attendee must list one License Number/Catagory for a CEU Certificate: | | | | |
| License #: | | Lic. Type: | | Teacher <input type="checkbox"/> |

Payment

Cancellation Refund Date:

To receive a refund, confirmed registrations must be cancelled in writing before August 22, 2014.

Payment Method: ☐ Check (made payable to IACS)

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card Number _____ Exp. Date _____

Security Code _____ Signature _____

Billing Address ZIP CODE that appears on your Credit Card Statement _____