

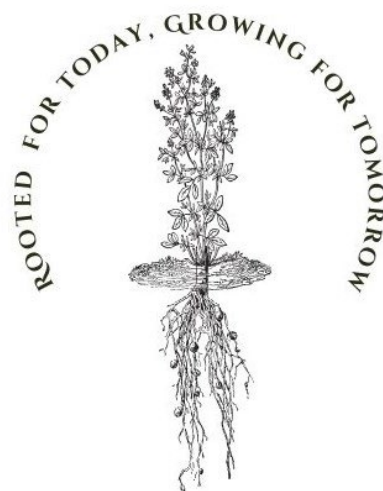
2024 Winter Training - December 3rd - 4th

Registration Form

Deadline to Register: November 15, 2024

Northfield Inn, Springfield

\$25 Registration Fee



Attendee's Name: _____

SWCD District: _____ ISWCDEA Region: _____

Email: _____ Daytime Phone: _____

Please indicate your position:

<input type="checkbox"/> Administrative Coordinator	<input type="checkbox"/> Resource Conservationist
<input type="checkbox"/> AC/RC Combined	<input type="checkbox"/> District Employee
<input type="checkbox"/> Education Coordinator	<input type="checkbox"/> IDOA Employee
<input type="checkbox"/> AISWCD	<input type="checkbox"/> Other _____

Please indicate which meals you will be joining us for:

Lunch on Tuesday Breakfast on Wednesday, and the ISWCDEA Annual Meeting

If we don't have your registration by November 15, there might not be enough for you to eat!

Vegetarian and Gluten Free Options available.

Please send your completed registration form and \$25 payable to ISWCDEA to

Peoria County SWCD
Attn: Karla Smith
6715 N Smith Rd
Edwards, IL 61528

Please call the Northfield Inn & Suites in Springfield for Room Reservations at 217-523-7900

A Block of rooms has been reserved under Illinois Soil & Water Conservation District Employee Association.

Rooms are \$107 plus tax per night. Book your rooms until November 20, 2024

- Regular Refund Policy: if you cancel your attendance, a registration refund will ONLY be given if you notify Karla Smith on or before the registration deadline of November 15th.

IN CASE OF EMERGENCY

PLEASE FILL OUT THIS FORM IF YOU ARE PLANNING ON ATTENDING WINTER TRAINING
FOR US TO HAVE ON FILE.

EMPLOYEE INFORMATION

NAME: _____

HOME ADDRESS: _____ DOB: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

MEDICAL INFORMATION

DOCTOR INFORMATION: _____ DOCTOR #: _____

DOCTOR ADDRESS: _____

INSURANCE COMPANY: _____ POLICY #: _____

PRIMARY EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

MOBILE PHONE #: _____ WORK PHONE #: _____

SECONDARY EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

MOBILE PHONE #: _____ WORK PHONE #: _____

I hereby authorize ISWCDEA and its representatives to contact any of the above contacts on my behalf in the event of an emergency.

Employee Signature: _____ Date: _____

Please return this form to Karla Smith, 6715 N Smith Rd., Edwards, IL 61528 or
karla.smith@il.nacdnet.net