97th Annual IACTE Conference and Annual Meeting Registration Form

February 18-19, 2027 ● President Abraham Lincoln DoubleTree by Hilton, Springfield, Illinois

Name	Employer
Title	City, State, Zip
Address	IEIN # or NA
Phone	Email

Please check one primary affiliate: ☐ IAVAT ☐ IBEA ☐ ICTA ☐ IFACSTA ☐ IHOA ☐ ICTESSPA ☐ INRS ☐ TEA of IL ☐ ILWBL

Please check one or more (if appropriate): ☐ First-Timer ☐ Retired ☐ Student

☐ First-Year Teacher ☐ IACTE Past-President ☐ ♿ _____

There are several choices for registration payments: PayPal; Major Credit Card, e.g., Visa; Purchase Order; or you can be Invoiced for payment by Check. All payments must be received within 30 days if using the invoice or purchase order options. If not, an additional percentage charge will be applied.

***Please note that for purchase orders, the Purchase Order # must be included.**

IACTE 2027 Individual Registration Rates

Includes all meals	Early Bird By: Dec. 15	Regular After: Dec. 15	Late After Feb. 1	Total
IACTE Professional Member	$300	$350	$400	
Retired/Student Member	$200	$225	$250	
Nonmember	$400	$425	$475	

Undergrad Student Registration – One Day Only

Includes one lunch		Total
Student Member with one lunch	$30	
Student Nonmember with one lunch	$40	

IACTE Membership dues - or join or renew online or **download form at** www.illinoisacte.org and send with registration form	
Total Amount Due	

Conference Hotel Information: IACTE has secured a special conference hotel rate at the President Abraham Lincoln-DoubleTree in Springfield, Illinois, of $140 plus tax for Single/Double. Book here or call 217-544-8800, and use group Code TED. **The deadline to book at this rate is February 2, 2027, or until rooms are sold out.**

Meals

You must (✓) Yes for each meal you plan to attend. Meals are included in the registration fee. IACTE must pay for the number guaranteed regardless of the number served.

Thursday, Feb. 18	☐ Yes Breakfast	☐ Yes Opening Luncheon	☐ Yes Networking Reception
Friday, Feb. 19	☐ Yes Breakfast	☐ Yes Closing Luncheon	

List special dietary needs:

Method of Payment

☐ Check ☐ Purchase Order – *P.O. Order # _____

☐ Credit Card (complete authorization form on second page)

A check or P.O. must accompany registration. Please make all checks payable to the **Illinois Association for Career and Technical Education**. Return this registration form with your check or P.O. number to **Cathy Carruthers, 1029 Andra Drive, Maryville, IL 62062,** or email to **iacte.carruthers@outlook.com.**

Refund requests must be in writing and will be honored until February 1, 2027. A $50.00 handling fee will be assessed.

For questions, please contact Cathy Carruthers at iacte.carruthers@outlook.com or (618) 978.4787.

Professional Development Hours will be available with the opportunity to earn 10 Professional Development Hours.

Credit Card Authorization Form

Name of individual authorizing credit card payment*

Email Address (where to email receipt)

Billing Address

School/Business _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Credit Card Information

Credit Card/Debit Card # _____

Expiration Date _____

Security Code _____

*Convenience fee of 3% will be added to your credit card purchase total