



**Illinois Association of Cosmetology Schools
Fall Teachers Conference
September 22 - 23, 2019**

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

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

*Please use a separate registration form for each attendee.
However, one combined payment may be made for
all your attendees.*



Exciting Location

Professional Salon Concepts (PSC)
610 Moen Ave
(Joliet) Rockdale, IL 60436
815-744-3384

Directions to PSC

I-80 Exit at Larkin Ave South
Turn Left on Moen Ave to PSC
No Host Hotel – See Options Below:

Hotel Rooms (5-8 minutes from PSC)

Hampton Inn 815-725-2424
1521 Riverboat Center Dr
Joliet, IL 60436

Fairfield Marriott 815-741-3499
1501 Riverboat Center Dr
Joliet, IL 60436

Quality Inn South 815-744-1770
135 S Larkin Ave
Joliet, IL 60436

Harrah's (Casino) 815-740-7800
151 N Joliet St
Joliet, IL 60432

Conference Details

See the Conference Brochure for the schedule, speaker information, and further details. Or check out the Teachers Conference Page at www.ilbeautyschools.org.

**Deadline to Pre-Register
Sept 10, 2019**

**Complete the Teachers Conference
Registration Form and fax or mail to:**
IACS

726 South 2nd St • Springfield, IL 62704
F 217.753.8384

Questions:
P 217-528-5230, ext. 101
E info@ilbeautyschools.org



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 ACHOOL 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 sessions, continental breakfast & lunch.	\$ 220	\$ 440	
	Teacher Membership Dues – join with Registration	\$ 35	\$ 125	
	Retired Teacher Membership Dues – join with Registration	\$ 50		
	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

Payment

Cancellation Refund Date:
To receive a refund, confirmed registrations must be cancelled in writing before Sept 10, 2019.

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 _____