

REVISED - New Date

Illinois Association of Cosmetology Schools Spring Teachers Conference April 7 - 8, 2019



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

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 March 28, 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



TEACHERS CONFERENCE 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 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 March 28, 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 _____