

ILLINOIS ASSOCIATION OF HEALTH OCCUPATIONS STUDENTS OF AMERICA

CHAPTER REGISTRATION FORM

ATTENTION: RETURN BY FEBRUARY 1, 2010

An adult advisor must register with all students and is responsible for student members attending the conference. There should be one chaperone/advisor per 10 students.

SCHOOL: _____

_____ Number of students x \$75.00 Registration Fee (Meals included)	\$ _____
_____ Number of adults x \$75.00 Registration Fee (Meals included)	\$ _____
_____ Number of Advisors x \$75.00 Registration Fee (Meals included)	\$ _____
_____ Number of IHOA Advisors x \$70.00 Registration Fee (Meals included)	\$ _____
_____ Number of breakfast guests* x \$14.00	\$ _____
_____ Number of Banquet guests* x \$27.00	\$ _____
_____ Number of Vegetarian Meals for Awards Banquet**	
_____ Number of XX-L Shirts X \$2.00 additional fee	\$ _____
_____ TOTAL NUMBER ATTENDING	TOTAL REGISTRATION FEE \$ _____

CHECKS PAYABLE TO: ILLINOIS HOSA

Please verify automatic calculations prior to sending your payment to ensure proper registration and credit for you payment.

*All meals are included in the registration fee. Additional guests may attend breakfast and Awards Banquet for an additional fee.

** Please indicate the total number of vegetarian meals required for your chapter.

HOSA T-shirts: Indicate number for each size. Everyone registered gets a shirt.

Small _____

Medium _____

Large _____

X-Large _____

* Additional \$2.00 fee for XXL t-shirts

XX-Large* _____

Please note: Do not include IHOSA State Officers in this t-shirt count

Total _____

IHOSA State Officer T-shirts: Indicate number for each size.

Small _____

Medium _____

Large _____

X-Large _____

* Additional \$2.00 fee for XXL t-shirts

XX-Large* _____

Total State Officer t-shirts _____

**Return form to: Dana Clayton
Collinsville Area Vocational Center
IHOSA Conference Manager
2201 S. Morrison
Collinsville, IL. 62234**

