

MEETING REGISTRATION

ATTENDEE INFORMATION (please complete a separate form for each attendee)

Name: _____ Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Telephone/Fax/Email: _____

REGISTRATION

\$400—FIRST-TIME CHESS ATTENDEES (payment must be received by September 16, 2011)

\$600—EARLY-BIRD SPECIAL (payment must be received by September 16, 2011)

Registration includes 2-Day Program • Tuesday Continental Breakfast, Buffet Lunch and Evening Cocktail Reception/Dinner
Wednesday Buffet Breakfast & Buffet Lunch

\$650—Payments received after September 16, 2011

NOTE: Save \$50!...each additional person from the same company can register for \$550 by September 16, 2011 and \$600 after that date

Additional individuals from our company _____

PAYMENT

I am enclosing a check in the amount of \$_____ (made payable to IHA).

Please bill my credit card: VISA MasterCard American Express

Credit Card Number: _____ Security Code: _____ Expiration Date: _____
(3 or 4 digit number)

Name (as it appears on card): _____ Signature: _____

Cardholder's billing address: _____

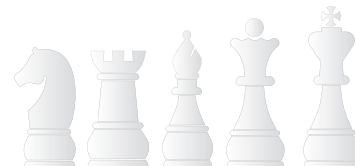
City/State/Zip: _____

Invitee(s):

On my behalf, please invite: _____
Name Company Phone

_____ Name Company Phone

Cancellation refunds for registration fees are available until 9/2/11



HOTEL RESERVATIONS

GUEST INFORMATION

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Telephone/Fax/Email: _____

RESERVATION INFORMATION

Please submit ASAP
– rooms are limited –

Please reserve a room for me:

The InterContinental Chicago O'Hare, 5300 N. River Road, Rosemont, IL 60018

Reserve a Sleeping Room at the meeting rate of \$184 per night plus tax (currently 13%)

Conference begins at 10 am on Tuesday, October 4, and concludes by 2:30 pm Wednesday, October 5

I will require a room for the night of:

October 3 October 4 (Facility is non-smoking)

Please bill my credit card:

VISA

MasterCard

American Express

Diner's Club

Credit Card Number: _____

Security Code: _____ Expiration Date: _____
(3 or 4 digit number)

Name (as it appears on card): _____

Signature: _____

- IHA will submit a comprehensive rooming list and payment information to the hotel.
- Your confirmation number will be forwarded by IHA closer to the event.
- Cancellations must be made at least 72 hours prior to arrival directly with IHA to avoid a no-show charge of one night's stay.