

2017

County Attorneys Fall Training Conference



REGISTRATION FORM

(One registration form
per registrant)

COUNTY/AGENCY: _____

Name: _____ Title: _____

Address: _____

City: _____ Zip Code: _____ Telephone: _____

Fax: _____ e-mail: _____

Cancellation Policy:

Cancellation on or prior to October 27, 2017- No fee

Cancellation received
AFTER October 27- \$100.00 fee

No Show- \$200.00 fee

Reduced Rate: (Registration Policy Attached)

\$325.00

After October 27, 2017: \$350.00

Basic Rate:

\$430.00

After October 27, 2017: \$455.00

Conference Registration fee \$ _____

Adult Guest Fees

	Guests	Amt
Sunday Reception @\$25 each.....	_____	\$ _____
Tuesday Banquet @ \$35 each.....	_____	\$ _____
Breakfast @ \$10 each.....	_____	\$ _____
Lunch @ \$15 each.....	_____	\$ _____
Total Guest fees.....	\$ _____	
Total Guest fees enclosed.....	\$ _____	
 Total Guest fees Due.....		\$ _____

Adult Guest name: _____

General Information:

- Unless payment for registration is enclosed with this form, you will be sent an invoice.
- Claim vouchers requiring signatures should be enclosed with this registration.
- Please make checks payable to **Iowa County Attorneys Association (ICAA)**.

• Mail form to:
Iowa County Attorneys Association
2nd Fl., Hoover State Office Bldg.
Des Moines, Iowa 50319

OR e-mailto: peg.bowman@iowa.gov
OR FAX to: 515-281-6771 (Attn: PATC)
OR call: 515-281-5428