REGISTRATION FORM

ILLINOIS REPUBLICAN STATE CONVENTION



PERS	ONAL	INFORM	NOITAN					
Full Name	:							
E-Mail	:							
Address	:							
City	:				State		ZIP	
County	:					Delegate		Guest
Phone	:					Alt. Deleg	ate	Unsure
PAYM	ENTI	NFORM	ATION -	\$75	.00			
Registration • Training S			urday		at the D		/our county រុ	party is paying for
Registratio	on fee w			Pay If you v	at the D			oa.

- Welcome Reception on Friday Night
- Attendance at the General Session
- Other events are being scheduled.



you, you may register by emailing this form to:

stateconvention@illinois.gop and indicate that payment information.

Pay by Check

Please make checks payable to Illinois Republican Party. Completed forms and checks may be returned to: Illinois Republican Party P.O. Box 78 Springfield, IL 62705

Paid for by County Party

Credit Card Attached to Win Red

Hotel Rooms are to be booked on your own. Refer to our list of recommended hotels on the follwing page.

THANK YOU