Conference Registration Form – Indiana Lakes Management 34th Annual Conference

**March 9-10, 2023**

Four Winds Lakeside Resort and Inn, Bloomington, Indiana

# Registration Mark number in each blank or register online at <http://indianalakesmanagementsociety.wildapricot.org/> by clicking Events. *If you are not aware of your membership status, contact Sara Peel at* *speel@arionconsultants.com* *or by phone at (765) 337-9100.*

\_\_\_ **Basin Exhibitor Sponsorship** ($1000)

 Logo on registration and food tables throughout conference

 *Plus Watershed Sponsorship items*

\_\_\_ **Watershed Exhibitor Sponsorship** ($850)

 Full page color ad in ILMS newsletter once during 2015

 Submission and publication of an article for ILMS newsletter

 *Plus Lake Sponsorship items*

\_\_\_ **Lake Exhibitor Sponsorship** ($625)

 Half page color advertisement in ILMS newsletter once in 2015

 *Plus Stream Exhibitor Sponsorship items*

\_\_\_ **Stream Exhibitor Sponsorship** ($450)

 Company logo in ILMS newsletter conference wrap up

 Quarter page black/white advertisement in ILMS newsletter

 Participation in Vendor Ignite Session

 *Plus Spring Exhibitor Sponsorship items*

\_\_\_ **Spring Exhibitor Sponsorship** ($300)

 One conference registration

 One six foot table display

 *Plus Brook Sponsorship items*

\_\_\_ **Non-Profit Exhibitor Sponsorship** ($200)

 One conference registration

 One six foot table display

\_\_\_ **Brook Sponsorship** ($150)

Recognition of company logo on screen during the conference & Logo included on all table tri-folds

\_\_\_ Conference registration ($160) Includes Thursday full day and Friday half-day; Thursday lunch and dinner, Friday breakfast; all breaks and hospitality suites.

\_\_\_ Student registration ($55)

Apply a $25 registration discount for each ILMS member that is registering. Corporate

 \_\_\_ Membership discount membership applies to **one** registrant; non-profit and family membership applies to **two** registrants.

\_\_\_ Membership renewal Carry over total from page 2

## $\_\_\_\_\_\_\_\_\_\_ Total Amount Enclosed

***Payment Type:*** *\_\_\_\_ Check* (please make payable to “ILMS”) \_\_\_\_ Credit Card

#### PLEASE DO NOT SEND CASH Charge to: \_\_Visa \_\_ MasterCard \_\_ Discover

 Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code \_\_\_\_\_\_

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date \_\_/\_\_

## Registrant Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### First name(s) as you would like it to appear on the badge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Company Name/Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_

##### Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I plan to attend: \_\_\_\_ Thursday lunch \_\_\_\_\_ Thursday dinner and banquet \_\_\_\_ Friday breakfast

\_\_\_ I will print my own conference program! \_\_\_\_Please print me a program

*Mail completed registration forms (along with payments) to:*

Sara Peel c/o Arion Consultants 1610 N. Auburn Street Speedway, Indiana 46224

Questions - Phone: (765) 337-9100; e-mail: speel@arionconsultants.com

In addition, if you need hotel accommodations during the conference: Reserve a room at Swan Lake. See [www.indianalakes.org](http://www.indianalakes.org) for room reservation link

**Indiana Lakes Management Society Membership Dues**

Check one

*\_\_\_* Individual ($25.00)

*\_\_\_* Family ($40.00)

*\_\_\_* Public/Non-profit ($50.00)

*\_\_\_* Student ($10.00)

*\_\_\_* Sustaining/Corporate ($120.00)

*\_\_\_* Associate (non-voting) ($30.00)

***\_\_\_* Subtotal**

***\_\_\_* TOTAL AMOUNT INCLUDED (transfer to front page)**

## *If same as front page, please leave blank.*

## Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_

##### Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unsure of your membership status? Contact Sara Peel at speel@arionconsultants.com or 765-337-9100.