

Thursday, October 16, 2018
www.iwlcleads.org/



Grand River Center
Dubuque, IA
17-285-02 5-42581-03

Name _____

Company/Institution/Organization _____

Mailing Address/City/State/Zip _____

Phone _____ E-mail _____

Dietary Restrictions: Vegetarian Vegan Lactose Free Gluten Free _____

I would like CEU credit- \$10 additional fee

Which of the following best represents your racial or ethnic heritage? Choose all that apply.

American Indian & Alaska Native Asian Black Hispanic or Latino
 Native Hawaiian & Other Pacific Islander White Do not wish to disclose.

Do you identify as LGBTQI? Yes No Do not wish to identify

Reason you are attending-SELECT ONLY ONE: Personal Growth Career Use Leadership Tips Networking

How did you hear? Friend Email Web Search TV Radio Newspaper Company/Work Past Attendee

Birthdate: Month: _____ Day: _____ Year: _____

Educational Level: High School Associate's Degree Bachelor's Degree Graduate or Professional Degree Other

Household Income Level: \$50,000 or less \$50,001-75,000 \$75,001-100,000 \$100,001-150,000
 \$150,001-200,000 \$200,001-350,000 Greater than \$350,000

Job Title: Senior Executive/Business Owner Senior Manager Middle Manager Individual Contributor/Specialist
 Project/Program Manager Consultant Volunteer Other

Industry: Aerospace/Military Education/Training Finance/Banking/Insurance Consulting Utility Manufacturing
 Health/Medical Technology Communications/PR/Marketing Agriculture Hospitality

Years of Professional/Business Experience: 0-5 6-10 11-15 16-20 21-30 31+

Previous Attendance at IWLC Events (number attended): first time 1 2 3 4 5 or more

Distance Traveled to Attend Conference: 0-50 miles 51-150 miles 151-250 miles >250 miles

REGISTRATION FEES: (please circle appropriate fee)

Individual Registration before August 9 \$160 Individual Registration On or After August 9 \$185

Group of Ten Before August 9 \$1600 Group of Ten On or After August 9 \$1850

****Groups of Ten MUST include the name, email and company of all attendees with registration—Please list group attendees info on back side.**

CEU (Continuing Education Unit) +\$10

Payment method and group of ten listing on back side.

PAYMENT METHOD:

Check enclosed for \$_____ Please make payable to **Center for Conferences** and remit to address below.

Credit Card Payment for \$_____ Visa MasterCard Discover

Card # _____ - _____ - _____ - _____ Exp. Date _____

Name on Card _____ 3 digit security code on back of card _____

Address of Cardholder _____

Group of Ten —please include name, email, and company for each group attendee

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Four ways to register:

Mail	The University of Iowa Center for Conferences 250 CEF Iowa City, IA 52242-0907	Phone	1.800.551.9029 or 319.335.4141
		Fax	319.335.4039

Web www.continuetolearn.uiowa.edu/UIConferences/

If this is the first time you have registered on-line with the Center for Conferences you will not have a log-in ID or password until you create your account. Click on the line “create an account” and proceed. If you have questions regarding this process, please contact UICC at the numbers listed above.

Individuals with disabilities are encouraged to attend all University of Iowa sponsored events. If you are a person with a disability who requires an accommodation in order to participate in this program, please contact the University of Iowa Center for Conferences at 1 800 551 9029. The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, 319.335.0705.