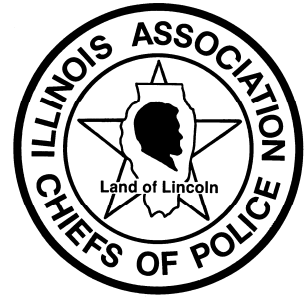


**ONLINE EVENT\* AD SUBMISSION FORM ([WWW.ILCHIEFS.ORG](http://www.ilchiefs.org))  
FOR ONLINE CALENDAR, ETC.**



Type of Event: \_\_\_\_\_  
Location of Event: \_\_\_\_\_  
Name of Event: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_  
Description (location, speaker, how to register, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adobe Acrobat File provided or Camera-Ready Copy document attached?    YES     NO

Advertising Contact Name: \_\_\_\_\_

Department/Agency/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone (with area code): \_\_\_\_\_                      Fax (w/area): \_\_\_\_\_

Website Address if available: \_\_\_\_\_

Registration Contact (if other than above): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\* EVENT denotes a training course, a fundraiser, etc., to be held on specific date(s).**

**POSTING CHARGES: [20% Discount off below rates for ILACP Members.]**

- ❖ Posting/Broadcast in *BULLETIN* Only option is \$100
- ❖ Cost of a CALENDAR AD with BROADCAST is \$150 (can include link to PDF flyer file or to host website's URL)

**PAYMENT INFORMATION:**

Payment Type:     My Check in the Amount of \$ \_\_\_\_\_ is Enclosed.  
                           Please Charge My Credit Card in the amount of \$ \_\_\_\_\_

Credit Card Type (MasterCard or VISA only): \_\_\_\_\_                      3-digit PIN \_\_\_\_\_

Credit Card Number: \_\_\_\_\_                      Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_                      Signature: \_\_\_\_\_

Contact Linda Kunz, Executive Assistant, at 217-523-3765 or via Email [lkunz@ilchiefs.org](mailto:lkunz@ilchiefs.org) if you have any questions. All Ads must be paid or pre-arranged in advance for placement on the [ilchiefs.org](http://ilchiefs.org) website. You may complete and FAX this form to 217-523-8352.