



# **Illinois Society of Medical Assistants 69<sup>th</sup> Conference**

**April 25 - 26, 2025**

*Holiday Inn 7601 N Orange Prairie, Peoria, IL*

Phone: 309-683-3399

## **Conference Events and Pricing**

<b>CONFERENCE EVENTS</b>	<b>MEMBER**</b>	<b>NON-MEMBER</b>	<b>STUDENT</b>
Full Registration (includes all events)	\$150.00	\$160.00	\$150.00
Friday Lunch	\$ 40.00	\$ 50.00	\$ 40.00
Friday General Assembly	\$ 0.00	\$ 0.00	\$ 0.00
Friday Night 2 CEUs	\$ 25.00	\$ 35.00	\$ 25.00
Saturday All Day Educational (Approx 7 CEUs with Light Breakfast/ Lunch/ Snacks)	\$125.00	\$135.00	\$125.00

\* Add **\$25.00** late fee to above prices if registration will be postmarked on or after 3/19/2025

**\*\* For membership pricing your membership must be current with American Association of Medical Assistants (AAMA)\*\***

### **Cancellation Policy:**

**NO REFUNDS will be issued for cancellations received on or after March 19,2025**

For reservations call the **Holiday Inn, Peoria @ 309-683-3399.**

A room block has been reserved under: **Group Name- Illinois Society of Medical Assistants.**

Room rate is \$159.00 plus tax a night, for two queen beds. Restaurant on site

If you have any registration questions, special needs (accommodations, meals, etc) or have other questions please contact Becky Cruse, CMA(AAMA) 2025 Conference Chair at 309-738-9871 or via email [crusereb@yahoo.com](mailto:crusereb@yahoo.com).

Visit our website: [www.IllinoisSMA.org](http://www.IllinoisSMA.org) watch for agenda updates for the weekend.

Looking forward to seeing everyone.

## 2025 ISMA Conference Events Check Off Sheet

Please check off all events either attending or not able to attend. This information is needed to guarantee room seating and food availability.

	<u>ATTENDING</u>	<u>UNABLE TO ATTEND</u>
<b>Thursday</b> Night Hospitality		
7:00 pm - 9:00 pm    Welcome	_____	_____
<b>Friday</b>		
11:30 am – 12:30 pm    Lunch	_____	_____
1:00 pm – 4:00pm    Gen. Assembly	_____	_____
6:30 pm – 8:30 pm    CEU Session (2 CEU's)	_____	_____
<b>Saturday</b>		
8:00 am -5:00 pm    Education Session	_____	_____
(Approx 7 CEU's and includes Light Breakfast/Lunch/Snacks)		

How did you hear about the Illinois Society Conference?

Constant Contact / Email / Facebook / Other. \_\_\_\_\_

I am a:        Member \_\_\_\_\_        Non-Member \_\_\_\_\_        Student \_\_\_\_\_

Name \_\_\_\_\_        Credentials \_\_\_\_\_

Chapter \_\_\_\_\_        AAMA Member # \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_        Email \_\_\_\_\_

(Cell # Not work #)

(Not work email)

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**Checks or money orders, make payable to "Illinois Society of Medical Assistants"**

**Mail Event Check Off Sheet and payment** (Check, Cash or Money Order) to:

Sara Baer, 11441 Pleasant Valley School Road, Trenton, IL 62293

Add **\$25.00 registration late fee** if postmarked on or after **March 19, 2025**

**Total Paid \$** \_\_\_\_\_

-----FOR INTERNAL USE ONLY-----

Cash / Check# / MO \_\_\_\_\_        Amount Paid \$ \_\_\_\_\_

Postmarked on: \_\_\_\_\_        Registration # \_\_\_\_\_