



64th Annual Siouxland/Washington Conference & Steak Reception

April 18 & 19, 2018

TRAVEL ARRANGEMENTS



Each conference attendee is responsible for their own travel arrangements. American Airlines has three daily departures from Sioux City, 6:05 AM and 12:35 PM to Chicago and 1:26 PM to Dallas/Ft. Worth. Make your reservation through your travel agent or online at www.aa.com/.

ACCOMMODATIONS THE LIAISON

A block of rooms has been reserved at The Liaison Capitol Hill Hotel for our group at a single rate of \$365 + tax. **To make your reservation, call 888.513.7445 by March 9, 2018 and identify yourself as part of the Siouxland Chamber of Commerce group or click [here](#) to make your reservation online (you will need to adjust your check in and check out dates and then click on "check availability".)** It is imperative that our conference attendees use these accommodations in order to fulfill the contract with The Liaison Capitol Hill Hotel.

Complete the following form and fax to 712.258.7578 or e-mail to trosenboom@siouxlandchamber.com

REGISTRATION FORM

REGISTRATION DEADLINE: March 9, 2018

Cancellation Policy – Full refunds will be made for cancellations received on or before March 16, 2018. Cancellations made between March 17, 2018 and April 3, 2018 will be refunded 50% of the conference fee. No refund will be issued for cancellations after April 3, 2018.

Name(s) _____
Organization _____
E-Mail _____ Cell Phone _____

Please list below how you would like your name and company printed on your conference nametag.

Name _____
Company/Organization _____

Please check appropriate spaces

- CONFERENCE FEE (Member) **\$600.00**
- COMPANION FEE **\$300.00**
- COLLEGE STUDENT FEE **\$275.00**
- Steak Reception Only **\$100.00**
- CONFERENCE FEE (Non-Member) **\$750.00**

Conference fee includes:

- Sessions with Iowa, Nebraska and South Dakota Members of Congress
- Reception for you and Congressional guests on Wednesday evening
- Breakfast and/or luncheon meetings with guest speakers
- Conference book

Check is enclosed

Please apply to: Visa MasterCard Discover

Name on Card _____

Card # _____

Exp. Date _____ CVV# (from the back of card) _____

Card Billing Street Address _____

Card Billing City/State/Zip _____

Questions? Contact Barbara Sloniker or Teresa Rosenboom at 712.255.7903