



65th Annual Siouxland/Washington Conference & Steak Reception

May 1 & 2, 2019

TRAVEL ARRANGEMENTS



Each conference attendee is responsible for their own travel arrangements. American Airlines has daily departures from Sioux City to Chicago at 6:01 AM, 12:37 PM and 4:08 PM (except Tuesdays) and a flight to Dallas/Ft. Worth at 2:56 PM. Make your reservation through your travel agent or online at www.aa.com/.

ACCOMMODATIONS



A block of rooms has been reserved at the Washington Court Hotel for our group at a single rate of \$369 + tax. **To make your reservation, call 800.321.3010 by March 22, 2019 and identify yourself with the block code of 190429SIOU or click [here](#) to make your reservation online (you may need to adjust your check in and check out dates at the top of the page)** It is imperative that our conference attendees use these accommodations in order to fulfill the contract with the Washington Court Hotel.

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

REGISTRATION FORM

REGISTRATION DEADLINE: March 22, 2019

Cancellation Policy – Full refunds will be made for cancellations received on or before March 29, 2019. Cancellations made between March 30, 2019 and April 16, 2019 will be refunded 50% of the conference fee. No refund will be issued for cancellations after April 16, 2019.

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