

From: <cgillette@iasb.com>
To: <katherineprice@u-46.org>
Date: 7/16/2013 8:22 AM
Subject: Illinois Association of School Boards Transaction Receipt

General Information

Merchant Account: Illinois Association of School Boards
Date/Time: 07/16/2013 8:21:58 AM CDT

Transaction Information

Order ID: 450460
Transaction Amount: \$660.00
Transaction ID: 1936851229
Authorization Code: 060130
Transaction Type: Card Sale
Response: AP
AVS Results: 5-character Zip match only

Customer Billing Information

First Name: Elgin
Last Name: U46
Address:
City:
State:
Zip Code: 60120
Country: US
Phone:
Email: katherineprice@u-46.org

Customer Shipping Information

First Name:
Last Name:
Address:
City:
State:
Zip Code:
Country: US
Email:

From: <registrar@iasb.com>
To: <katherinepnca@u-46.org>
Date: 7/16/2013 8:04 AM
Subject: IASB Workshop Confirmation - A330757

ILLINOIS ASSOCIATION OF SCHOOL BOARDS

This is a confirmation of the registration form you submitted at www.IASB.com for the IASB Pre-Conference Workshops on November 22, 2012. Please keep this message for your records.

Should you have any questions about your registration, please email the IASB Registrar at registrar@iasb.com or call (217)528-9688, Ext.1145. Be sure to mention your Order Number shown below.

INFORMATION ABOUT THE EXACT ROOM LOCATION OF YOUR WORKSHOP AT THE SHERATON WILL BE SENT TO YOU A FEW WEEKS PRIOR TO THE CONFERENCE.

Cancellations - Advance registrants who later find they cannot attend are urged to promptly notify the IASB Registrar by fax 217/528-2831. Registration fees will be refunded if cancellation is received by IASB by noon on Friday, November 15. Registration fees may be refunded if cancellation is received by 4:30 p.m. on Tuesday, November 19, depending on whether the vacated slot can be filled. To cancel after November 15, call Judy Williams (ext. 1103).

Thank you.

Order Number: A330757

**District: School District U-46
Address 1: 355 E. Chicago Street
City: Elgin
State: IL
ZIP: 60120**

Total Cost: \$660.00

**Date of Purchase: July 16, 2013
Billed to: MasterCard
Name on Card: Katherine Romano
Card Number:
Expiration:**

Thank you! We sincerely hope that the workshops will meet your highest expectations. Please be assured that your IASB staff is committed to meeting your needs.

From: <ogillette@iasb.com>
To: <katherineprice@u-46.org>
Date: 6/19/2013 9:17 AM
Subject: Illinois Association of School Boards Transaction Receipt

General Information

Merchant Account: Illinois Association of School Boards
Date/Time: 06/19/2013 9:17:09 AM CDT

Transaction Information

Order ID: 450460
Description: JAC REG & HOUSING
Transaction Amount: \$5,130.00
Transaction ID: 1914810777
Authorization Code: 013274
Transaction Type: Card Sale
Response: AP
AVS Results: 5-character Zip match only

Customer Billing Information

First Name: Elgin
Last Name: SD U46
Address:
City:
State:
Zip Code: 60120
Country: US
Phone:
Email: katherineprice@u-46.org

Customer Shipping Information

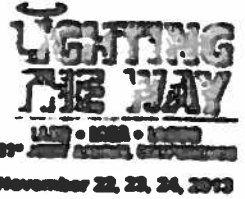
First Name:
Last Name:
Address:
City:
State:
Zip Code:
Country: US
Email:

District Housing Form

Must be mailed —
do not fax.

IASS Meeting & Convention Department will place your hotel request and return a copy with the hotel needed to where housing will be provided. Before completing this form please read the Housing Information. After you receive your confirmation from the printed hotel, communication regarding hotel accommodations should be directed to the hotel because reservation manager of the assigned hotel.

County Code 45 Dist. No. 49 E-mail luis@iass.org
Dist. Telephone 847 / 988-8000 x 3032 Fax 847 / 988-4173



Superintendent Dr. Jose M. Torres
District Number School District U-49
Street 355 E. Chicago Street
City/State/Zip Elgin, IL 60120

Received

Credit Card Information: Visa MasterCard Discover Credit Card # [REDACTED]
If utilizing a credit card, make sure the daily total will cover all submitted fees. Security code and expiration.
A 5% non-refundable processing fee will be added to each credit card transaction.

Cardholder Signature Katherine Romas Expiration Date [REDACTED] ROOM RATE

- Name ONLY hotels that you will accept.
- Primant Hotel
 - Embassy Suites
 - Suburban
 - Wyndham Chicago River North
 -
 -

Hyatt Regency Chicago (Hoodportland), 181 East Wacker Drive, 312988-1234	\$178
Sherman Chicago (Hoodportland), 391 East North Water Street, 312704-1029	\$178
Chicago Marriott, 948 North Michigan Avenue, 312939-0109	\$188
Embassy Suites, 511 N. Columbus Drive, 312938-8829	\$197
Fourstar Hotel, 329 N. Columbus Drive, 312938-8229	\$188
International Hotel, 303 North Michigan Avenue, 312944-4100	\$188
Suburban, 355 East Wacker Drive, 312988-8888	\$171
Wyndham Chicago River North, 355 N. Dearborn Avenue, 312794-1000	\$174

Housing form without the non-refundable \$200 per room reserved deposit(s) and completed registration form(s) will be held and not processed until all form(s) are received in the Springfield IASS office.

No.	Room Occupant(s) All persons listed on this form must be for the same hotel. If requesting rooms at more than one hotel, please duplicate form before completion.	Billing Address All confirmations will be sent to the district office.	November			Room Type (Check One)			Single	
			22	23	24	Single	Double	Triple	Quad	
1.	Dr. Jose M. Torres (Guest Mrs. Isabel Torres)	355 E. Chicago St., Elgin, IL 60120				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	Mr. Tony Sanders	355 E. Chicago St., Elgin, IL 60120				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Mr. Miguel Rodriguez	355 E. Chicago St., Elgin, IL 60120				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	Mrs. Donna Smith	355 E. Chicago St., Elgin, IL 60120				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	Mrs. Amy Kerber (Guest Mr. Jeff Kerber)	355 E. Chicago St., Elgin, IL 60120				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	Mrs. Traci O'Neal Ellis (Guest Mr. Rick Ellis)	355 E. Chicago St., Elgin, IL 60120				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.	Ms. Marie Bidotman (Guest Mr. Joe Vasallo)	355 E. Chicago St., Elgin, IL 60120				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Mrs. Jennifer Shroder (Guest Mr. David Shroder)	355 E. Chicago St., Elgin, IL 60120				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special needs Total rooms 8

Billing Authorization: The undersigned individual is the superintendent for this school district and, as such, has responsibility for authorizing payment for rooms, meals, and incidentals incurred by the above-designated individual(s) and will process payment for same upon receipt of a statement for charges from the hotel.

Bill room/fax only to the district. Bill all charges to the district. Signature Katherine Romas

Mail FOUR (4) copies to IASS Conference Registration/Housing,
2921 Baker Drive, Springfield, IL 62763.

IASS use only

DISTRICT REGISTRATION FORM

IASB · IASBO Joint Annual Conference November 22-24, 2013

Must be mailed — do not fax.

Date received _____

(IASB use only)

This form can be downloaded and filled out online OR downloaded, printed and filled out by hand; however, two (2) copies of the completed forms must be printed and mailed with payment to IASB.

District Name and Number School District U-46

County Kane

Address 355 E. Chicago Street

Elgin City 60120 Telephone (847) 888-5000 x 5032

[Redacted] Zip Code 608-4173

Credit Card Information: Visa MasterCard Discover Credit Card
A \$10 non-refundable processing fee will be added to each credit card transaction.
Make sure all credit card information is current. If utilizing a credit card, make sure the debit limit will cover all submitted fees. Security code not required.

Card Holder Katherine Romano, Board of Education

Exp. Date [Redacted]

Email katherineprice@u-46.org

*Board Members

Spouse/Children

Donna Smith, Board President

None

Amy Kerber, Board Vice-President

Jeff Kerber

Traci O'Neal Ellis, Board Secretary Pro-Tem

Rick Ellis

Maria Bidelman, Board Member

Joe Vassallo

Frank Napolitano, Board Member

None

Jennifer Shroder, Board Member

David Shroder

Superintendent Dr. Jose M. Torres

Isabel Torres

Business Official

District Secretary/Admin. Asst.

Other Administrators Tony Sanders, Chief of Staff

Miguel Rodriguez, Chief Legal Officer

District Attorney

Special Needs



9 Total paid member district registrants, \$390 each \$ 3,510.00

After October 25, \$415 each

5 Total Spouse/Children (complimentary)

TOTAL REMITTANCE \$ 3,510.00

*Paid board member registrants earn 30 IASB Leadership and Development credits for conference attendance.

Make check payable to the ILLINOIS ASSOCIATION OF SCHOOL BOARDS.

Send check or current credit card information and TWO (2) COPIES OF THIS FORM to IASB Conference Registrations/Housing, 2021 Baker Drive, Springfield, Illinois 62703-5929. Registration forms received without total payment cannot be processed. Purchase orders cannot be accepted.

(IASB use only)

From: <cgillette@iasb.com>
To: <katherineprice@u-46.org>
Date: 7/9/2013 7:44 AM
Subject: Illinois Association of School Boards Transaction Receipt

General Information

Merchant Account: Illinois Association of School Boards
Date/Time: 07/09/2013 7:43:44 AM CDT

Transaction Information

Order ID: 450480
Description: JAC REG
Transaction Amount: \$400.00
Transaction ID: 1932468862
Authorization Code: 003800
Transaction Type: Card Sale
Response: AP
AVS Results: 5-character Zip match only

Customer Billing Information

First Name: Veronica
Last Name: Noland
Company: SD U 46
Address:
City:
State:
Zip Code: 60120
Country: US
Phone:
Email: katherineprice@u-46.org

Customer Shipping Information

First Name:
Last Name:
Address:
City:
State:
Zip Code:
Country: US
Email:

7/14/13 no housing

DISTRICT REGISTRATION FORM

IASB · IASB Joint Annual Conference

November 22-24, 2013

Must be mailed — do not fax.

Date received _____
(IASB use only)

This form can be downloaded and filled out online OR downloaded and filled out by hand, however, two (2) copies of the completed forms must be printed and mailed with payment to IASB.

District Name and Number School District U-46

Address 355 E Chicago Street Elgin IL 60120 Telephone (847) 888-5000 x 5032

Credit Card Information: Visa MasterCard Discover

A \$10 non-refundable processing fee will be added to each credit card transaction. Make sure all credit card information is current. If utilizing a credit card, make sure the daily limit will cover all submitted fees. Security codes not required.

Card Holder Katherine Romano, Board of Education Exp. Date _____ Email katherineprice@u-46.org

Spouse/Children _____

Donna Smith, Board President

Amy Kerber, Board Vice-President

Traci O'Neal Ellis, Board Secretary Pro-Tem

Mana Bidelman, Board Member

Frank Napolitano, Board Member

Jennifer Shroder, Board Member

VERONICA NOLAN, BOARD MEMBER

Superintendent Dr Jose M Torres

Business Official

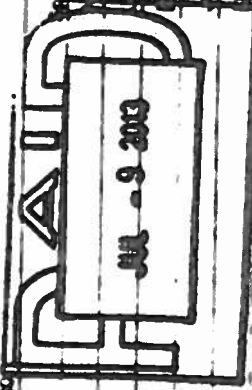
District Secretary/Admin Asst

Other Administrators Tony Sanders, Chief of Staff

Miguel Rodriguez, Chief Legal Officer

District Attorney

Special Needs



David Shroder 390
None Add F10
\$400

Isabel Torres

None

None

RECEIVED

District Attorney



10 Total paid member dist (registrar's \$375 each) After October 25 \$415 each

5 Total Spouse/Children (company/parent)

TOTAL REMITTANCE

\$ 3,900.00
\$ 3,900.00

\$ 3,900.00
\$ 3,900.00

*Paid board member registrants earn 30 IASB Leadership and Development credits for conference attendance.

Make check payable to the ILLINOIS ASSOCIATION OF SCHOOL BOARDS

Send check or current credit card information and TWO (2) COPIES OF THIS FORM to IASB Conference Registration/Housing, 2921 Baker Drive, Springfield, Illinois 62703-5929 Registration forms received without exact amount...