

ILLINOIS PUBLIC PENSION F UND ASSOCIATION

An Association of Public Pension Funds 2587 Millennium, Unit C in Elgin, IL 60124 tel: (630) 784-0406 | fax: (630) 784-0416 | www.ippfa.org

2022 PTSD Retreat Registration Form

Full Name:	Date:		
First	Last		
Address:			
Street Address			Apartment/Unit #
City		State	ZIP Code
Phone:	Email		
Department:			
	Payment		
Make check payable to IPPFA. Place this form and your check in an envelope.	Fill out your credit card information below and email to amanda@ippfa.org		Mail To: IPPFA illennium Dr., Unit C Elgin, IL 60125
Pleas	e Do <u>NOT</u> Send Cash. Cash will not be a	ccepted.	
	Paying by Credit Card		
Amount : □ \$50.00 □ Other: \$			
Card Type (please circle): AmEx	/ Visa / Mastercard / Discov	/er	
Credit Card #:	Expiration:	_/ V-C	ode:
Name on Card:			
Billing Address			
Street Address			Apartment/Unit #
City		State	ZIP Code
Signature of Cardholder:			

Registrant Information