

# Gateways to Opportunity® Registry-Verified Conference Scheduling Form

For questions and additional information about the Gateways Registry, please call 866.697.8278 or visit us at [www.ilgateways.com](http://www.ilgateways.com).

## SECTION 1 – SPONSORING AGENCY INFORMATION

Agency Name: \_\_\_\_\_ Agency ID (if known): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## SECTION 2 – CONFERENCE INFORMATION

Title of Conference: \_\_\_\_\_

Conference Date(s): \_\_\_\_\_

Total Conference Contact Hours (excluding breaks & meals): \_\_\_\_\_

Conference Time(s): \_\_\_\_\_

Conference Website: \_\_\_\_\_

Conference Location: \_\_\_\_\_

Registration Link: \_\_\_\_\_

Registration Deadline: \_\_\_\_\_

Registration Fee(s): \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

Display this conference on the Statewide Training Calendar?    Yes    No

Display this conference on the Gateways Facebook Page ?    Yes    No

Conference Description (to appear on Statewide Training Calendar if applicable):

### SECTION 3 – REQUEST FOR PROPOSAL (RFP) PROCESS

Attach a copy of RFP process used to select trainers and trainings.

Would you like to post your Request for Proposal (RFP) on our website?      Yes      No

### SECTION 4 – SIGNATURE

By signing below, I agree the application and copy of our workshop selection process accurately reflect the caliber of training that will be presented at our conference.

I agree to submit the appropriate Excel spreadsheet with session information, including presenter addresses, **three weeks prior** to the conference so Registry labels can be created.

I also agree to work with the Registry to provide any additional information needed in order to verify session attendance within 10 business days following the completion of the conference.

**INCCRRA reserves the right to accept or decline this scheduling form for any reason.**

Print Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail completed application to: INCCRRA • 1226 Towanda Ave • Bloomington, IL 61701*