

CAP Officer/Guest/Spouse/Family Member Registration

Please print hard copy of form and fill in the blanks. Fill out a separate form for each spouse/friend/family member.
Mail form(s), along with a check made out to Illinois Wing, Civil Air Patrol to:

Conference Registration
Illinois Wing Civil Air Patrol
PO Box 397
West Chicago IL 60186-0397

Registrant Info: (Check one) <input type="checkbox"/> NHQ <input type="checkbox"/> CAP-USAF <input type="checkbox"/> Guest/Spouse/Family Member	Rank: _____ <i>CAP members only:</i> CAPID: _____ Unit Name: _____ Unit Number: _____
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Name: _____

Address: _____

City/St/Zip: _____

Phone: _____ Email: _____

Conference Registration	
<input type="checkbox"/> Full Package	\$75.00
<input type="checkbox"/> Conference & Lunch Only	\$45.00
<input type="checkbox"/> Banquet Only	\$30.00
Amount Enclosed	\$____.____
<i>Make hotel reservations directly with Holiday Inn Hotel & Suites</i>	

Luncheon Buffet Menu

Alberto's Buffet: Bruschetta, Italian Antipasto Salad, Grilled Italian Sausage, Zucchini Provençal, Baked Penne Pasta with Mozzarella, Pizza/Garlic Bread, Chef's Choice Dessert

Banquet Dinner Menu (Select one)

- Roasted Prime Rib of Beef, salad, veggie, rolls, dessert, coffee
- Napa Valley Chicken Breast in Creamy Wine Sauce, salad, veggie, rolls, dessert, coffee
- Vegetarian Pasta, salad, veggie, rolls, dessert, coffee