

14TH ANNUAL WOMEN'S LEGACY CONFERENCE

FRIDAY MAY 16, 2025 8AM-4PM
NIU NAPERVILLE, 1120 DIEHL ROAD, NAPERVILLE, IL
REGISTRATION FORM

Attendee Contact Information

Name: _____

First Name for Badge: _____

Title: _____

Organization: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone _____

Conference Registration

5.5 CE hours | 0.5 CEUs

___ \$125.00 Conference Registration-Legacy Project Member Rate

___ \$225.00 Conference Registration-Non-member Rate

___ \$35.00 Conference Registration-Student/Intern Rate

___ \$120.00 each registrant for Groups of 5 or more from one organization

___ \$10.00 I'd like to have the photographer take a professional headshot picture

___ I plan to attend the post-conference networking event at the Pour House

___ I have special dietary needs. Please list: _____

Join or Renew Legacy Project 2025-26 Membership

___ \$40 Member

___ \$10 Student/Intern Membership

Register by May 9th! For a full refund, you must cancel your registration by May 9th. Cancellations made after May 9th incur a \$50 fee.

Questions about the conference? Contact: LegacyProject@niu.edu or 815-753-5424

Questions about registration? Contact the registration office OutreachRegistration@niu.edu or 800-345-9472



Three easy ways to register:

ON-LINE: www.legacyprojectnow.org

PHONE: 800-345-9472

FAX: 815-753-6900

MAIL completed registration form and payment to:

Outreach Services Registration Office

Northern Illinois University

DeKalb, IL 60115

If registering by Mail with check make check payable to Legacy Project

If registering by Mail/Fax with Credit Card:

circle one: Visa, Mastercard, Discover, American Express

Card Number: _____

Expiration Date: _____

Name on Card: _____

Address: _____

City/State/Zip: _____

Signature _____

cardholder's name and address must be exactly the way it appears on their credit card statement