



2015 Employer Rate Meetings Registration Form

Use this form to register by mail, fax, or email if you ***do not*** have an IMRF Employer Access account or are unable to register online. Please allow time for IMRF to return a registration confirmation and directions to the meeting:

Date of Meeting: _____ **Location:** _____

Name *(please print)*: _____

Title: _____

Name *(please print)*: _____

Title: _____

Name *(please print)*: _____

Title: _____

Employer Name: _____

Employer Number: _____ **Work Phone:** _____

Send the completed registration form by mail, fax, or email ***(if you are unable to register online)*** to:

Sandra Cialdella, Field Services - Meeting Planner

IMRF, 2211 York Rd., Suite 500, Oak Brook, IL 60523-2337

Fax: 630-368-5397 • Email: scialdella@imrf.org