



Illinois Society of Medical Assistants 70th Conference
April 24 - 25, 2026

Holiday Inn 7601 N Orange Prairie, Peoria, IL

Phone: 309-683-3399

Conference Events and Pricing

CONFERENCE EVENTS	MEMBER**	NON-MEMBER	STUDENT
Full Registration (includes all events)	\$150.00	\$160.00	\$150.00
Friday Lunch	\$ 40.00	\$ 50.00	\$ 40.00
Friday General Assembly	\$ 0.00	\$ 0.00	\$ 0.00
Friday Night 2 CEUs	\$ 25.00	\$ 35.00	\$ 25.00
Friday Installation	\$ 25.00		
Saturday All Day Educational (Approx 8 CEUs with Light Breakfast/ Lunch/ Snacks)	\$125.00	\$135.00	\$125.00

* Add **\$25.00** late fee to above prices if registration will be postmarked on or after 3/19/2025

**** For membership pricing your membership must be current with
American Association of Medical Assistants (AAMA)****

Cancellation Policy:

NO REFUNDS will be issued for cancellations received on or after March 19, 2026

For reservations call the **Holiday Inn, Peoria @ 309-683-3399.**

A room block has been reserved under: **Group Name- Illinois Society of Medical Assistants.**

Room rate is \$159.00 plus tax a night, for two queen beds. Restaurant on site

If you have any registration questions, special needs (accommodations, meals, etc) or have other questions please contact Becky Cruse, CMA(AAMA) 2026 Conference Chair
at 309-738-9871 or via email crusereb@yahoo.com.

Visit our website: www.IllinoisSMA.org watch for agenda updates for the weekend.
Looking forward to seeing everyone.

2026 ISMA Conference Events Check Off Sheet

Please check off all events either attending or not able to attend. This information is needed to guarantee room seating and food availability.

	<u>ATTENDING</u>	<u>UNABLE TO ATTEND</u>
Thursday Night Hospitality		
7:00 pm - 9:00 pm Welcome	_____	_____
Friday		
11:30 am - 12:30 pm Lunch	_____	_____
1:00 pm --4:00 pm Gen. Assembly	_____	_____
5:30 pm - 6:30 pm Installation	_____	_____
6:30 pm - 8:30 pm CEU Session (2 CEU's)	_____	_____
Saturday		
8:00 am -5:00 pm Education Session	_____	_____
(Approx 7 CEU's and includes Light Breakfast/Lunch/Snacks)		

How did you hear about the Illinois Society Conference?

Constant Contact / Email / Facebook / Other. _____

I am a: Member _____ Non-Member _____ Student _____

Name _____ Credentials _____

Chapter _____ AAMA Member # _____

Address _____

City _____ State/Zip _____

Phone # _____ Email _____

(Cell # Not work #)

(Not work email)

Checks or money orders, make payable to "Illinois Society of Medical Assistants"

Mail Event Check Off Sheet and payment (Check, Cash or Money Order) to:

Sara Baer, 11441 Pleasant Valley School Road, Trenton, IL 62293

Add **\$25.00 registration late fee** if postmarked on or after **March 19, 2026**

Total Paid \$ _____

-----FOR INTERNAL USE ONLY-----

Cash / Check# / MO _____ Amount Paid \$ _____

Postmarked on: _____ Registration # _____