

Job Placement Single Day Form

Friday, February 3-4, 2022
Wyndham, Springfield, Illinois

Illinois School Psychologists Association Annual Convention 2022

IEIN# Required _____

Circle one: Miss / Mrs. / Mr. / Ms. / Dr.

Name (First Name) (Last Name) (email address)

Address (Street or Box) (City or Town) (Postal Code)

Phone Number (Business) (Residence) School/ District/ Place of Employment

Position Held (Indicate age level serviced)

Emergency Contact Name and Number

Includes lunch Job Placement package: \$ 150

TOTAL FEES:

Special Accommodations _____

Payment must accompany registration form in all cases
Credit cards must be used to pay registration on-line
Credit cards must be used to pay by FAX (847-864-7588)
No purchase orders will be accepted

Register on-line at www.ilsipa.org

Register by Mail (Send registration form and check payment)
ISPA Convention
Department 4651
Carol Stream, IL 60122

Refund Policy
ISPA will attempt to honor requests for substitutions at any time. Refunds (less \$25 administrative fee) are only available through January 25, 2022. No refunds will be issued after this date. Refunds will be issued 3 weeks following the close of the event in the form of original payment.

All cancellation and changes must be made to in writing to shirleypitts_ilsipa@yahoo.com
No cancellations will be accepted by phone.

CREDIT CARD PAYMENTS

Name on credit card _____

Card Number _____

Expiration Date _____ CVC _____

MC: ___ Visa ___ Discover ___ AmEX ___

Billing Address _____

City, State, Zip _____

Signature _____

Job Placement (8:30am-11:50am)

AM I plan to participate in the Job Placement Bureau

Friday PM (12:55pm-4:10pm) (3.0 CPD)

PM Ethics for School Psychologists (Klose)

- PM CDT for Anxiety (Sulkowski)
- PM Becoming Grief-Informed (Loomos Ostry & LaDuke)
- PM Improving Student Mental & Behavior (Dixon)
- PM Student and Intern Session
- None

This form must be faxed with credit card payment to 847-864-7580/Attn: Shirley Pitts, or mailed with check payment to ISPA, P. O. Box 4651, Carol Stream, IL 60122-4651.

COVID-19 SAFETY ACKNOWLEDGEMENT, LIABILITY WAIVER, AND RELEASE OF CLAIMS

I plan to attend the Illinois School Psychologists Association (ISPA) Convention (the “Convention”) at the Wyndham Springfield City Centre (the “Wyndham”) in Springfield, Illinois between February 2, 2022, and February 5, 2022.

I: (i) understand that my travel to and from, and my attendance at, the Convention may expose me to an increased risk of contracting COVID-19; (ii) understand that ISPA cannot guarantee that I will not become infected with COVID-19, or a variant thereof, (iii) acknowledge that I will attend the Convention at my own free will and risk, and (iv) acknowledge that I will abide by all protocols existing within the State of Illinois during the Convention.

I hereby acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by, COVID-19 by traveling to and from and/or by attending the Convention, and that such exposure or infection may result in illness, permanent disability, or death. I understand that such injury may result from the actions, inactions, omissions or negligence of myself and others, including, but not limited to ISPA leadership/employees its agents and Convention attendees, the Wyndham and its employees, exhibitors or other groups or persons present in Wyndham unrelated to the Convention.

I hereby release, covenant not to sue, discharge, and hold harmless ISPA and its members, agents, and representatives of and from all liabilities, claims, actions, damages, costs, and expenses of any kind arising out or relating to my voluntary attendance at the Convention. I understand and agree that this release includes any claims based on the actions, inactions, omissions, or negligence of ISPA, its employees, agents, and representatives whether a COVID-19 infection occurs before, during, or after the Convention.

I agree to comply with all COVID-related procedures that may be implemented by ISPA, The Wyndham, and the State of Illinois including, but not limited to, the protocols, mask wearing and social distancing requirements and restrictions on certain activities that carry a higher COVID-related risk, to protect the health and safety of all Convention attendees. Additionally, I agree to self-monitor for signs and symptoms of COVID-19. If I experience any COVID- 19 related symptoms during the Convention I will immediately: (i) notify and (ii) discontinue my participation and take all appropriate action to limit my exposure to others. I agree that I: (i) may only attend the Convention if I agree to the terms set forth in this Waiver and Release, (ii) will abide by all federal, state, and local safety COVID-19 health and safety guidelines prior, to the Convention, and (iii) will adhere to the Protocols while attending the Convention.

Signature: _____

Print Name: _____

Date: _____