



Attendee Registration

The 2026 Early CHOICES Summer Inclusion Institute will take place on Tuesday, June 9 -Wednesday, June 10, 2026 at the ISU Bone Student Center in Normal, IL. The deadline to register is **Monday, June 1, 2026 at 12pm CST**.

Cancellation Policy

A full refund less a \$16.00 processing fee will be provided for any cancellation request received prior to **Monday, June 1, 2026**. No refunds will be provided after June 1. All requests must be submitted in writing via email to Lucy at Immork1@ilstu.edu.

Attendee Contact Information

First Name _____ Last Name _____

Job Title _____

School District / Agency Name _____

Mailing Address _____

City _____ State _____ Zip _____

Work Phone _____ Cell Phone _____

Email _____

Other Attendee Information

IEIN (if applicable): _____

IL Gateways Membership ID (if applicable): _____

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander ☐ White or Caucasian ☐ Two or More Races
☐ Choose Not to Answer

Gender: ☐ Female ☐ Male ☐ Non-binary ☐ Choose Not to Answer ☐ Other: _____

Pronouns: ☐ She/Her ☐ He/Him ☐ They/Them ☐ She/They ☐ He/They ☐ Ze/Hir ☐ Prefer Not to Say
☐ Other: _____

Role: ☐ Administrator ☐ EI Professional ☐ Family Member ☐ Higher Education ☐ Paraprofessional
☐ Related Service Provider ☐ Teacher ☐ Other: _____

Type of Organization: ☐ Advocacy ☐ Childcare ☐ Early Intervention ☐ Government Agency ☐ Head Start
☐ Higher Education ☐ Infant Mental Health ☐ Private School ☐ Public School ☐ ROE
☐ Special Education Cooperative ☐ TA Provider ☐ Other: _____



Other Attendee Information cont.

Registration Fee (Select your registration fee type.): ☐ Attendee: \$75 ☐ Speaker: \$0 ☐ Planning Committee Member: \$0

Days Attending (Select the days you plan to attend.): ☐ June 9 ☐ June 10

Dietary Restrictions: ☐ Gluten Free ☐ Vegetarian ☐ Vegan ☐ Dairy ☐ Nut ☐ Other: _____

Special Accommodations (List any special accommodations you require to fully participate): _____

Payment



By Phone: (800) 877-1478 or (309) 438-2160, 8:00 am – 4:30 pm, Monday-Friday



By Mail: Complete registration form and send to:
Illinois State University Conference Services
Attn: Early Choices Summer Inclusion Institute 2026
Campus Box 8610
Normal, IL 61790-8610



Online: Please visit www.eclre.org



By Fax: Fax completed registration form with credit card payment or copy of PO number to (309) 438-5364

☐ Check enclosed for \$_____ (payable to Illinois State University)

☐ Purchase Order #_____ (PO to be faxed to (309) 438-5364 within two business days)

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card Number_____ Exp. Date_____ CVV#_____

Name on Card_____ Signature_____

You will receive a confirmation email after your registration and payment has been received and processed. For registration questions, please contact Illinois State University Conference Services at (800)877-1478 or Immork1@ilstu.edu.

Visit the Summer Inclusion Institute website for more information!

www.eclre.org