

**ILLINOIS STATE ORGANIZATION NSDAR
CONTINENTAL CONGRESS JUNE 21-JUNE 29, 2026
REGISTRATION FORM**

Make Checks Payable to: ISO NSDAR, mail to Alice Uphouse, 1925 Halsted Rd, Rockford, IL 61103
\$200 Deposit Due By December 31, 2025
Balance of payment due April 1, 2026 (note on check CC Bus Trip 2026)

Name: _____ Chapter: _____

Address: _____ City: _____

Phone: (____) _____ Cell: (____) _____ Zip Code: _____

Email: _____

Requested Roommate: _____ Need a Roommate: YES or NO

(Please circle one of the following questions)

Will you be a member of the baggage brigade? Yes No

Pick up Location: Bloomington or Bolingbrook

Drop off Location: Bloomington or Bolingbrook

Current Responsibilities

Chapter: _____ State: _____

District: _____ National: _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Primary Care Physician: _____ Phone: _____

Medical Insurance: _____ Number: _____

Medicare: (if applicable) _____ Number: _____

Please list or attach a list of medications and frequency that you are taking: List any allergies, medications/health needs. Ex: Asthma puffer, cane, diabetic supplies, breathing device, etc;
**A cooler will be provided

Please note: If you have a serious medical condition that would prohibit lengthy travel or more frequent stops than planned, it is suggested that you make other arrangements to get to DC. For legal reasons, the ISO cannot be held responsible for managing or accommodating complex medical needs during the trip.