



76TH ANNUAL CONVENTION & EXPO

Leading with Purpose. Caring with Excellence.

SEPTEMBER 21-23, 2026

EMBASSY SUITES BY HILTON RIVERFRONT HOTEL & CONFERENCE CENTER | EAST PEORIA, IL

Statement of Professional Services

Complete and return this form by **October 31, 2026**. Attach all applicable receipts.
Allow 45 days for processing of payment.

Travel

Automobile: Number of miles at 72.5 cents per mile _____ \$ _____

Airfare: Flight from _____ \$ _____

Other: Specify _____ \$ _____

Total Travel \$ _____

Meals

Date	Breakfast	Lunch	Dinner
9/1	N/A	N/A	\$ _____
9/2	\$ _____	N/A (provided by IHCA in Expo Hall)	\$ _____
9/23	\$ _____	N/A (provided by IHCA in Expo Hall)	\$ _____

Total Meals \$ _____

Miscellaneous Expenses (specify)

\$ _____
\$ _____
\$ _____

Total Misc. \$ _____

Speaker Fee/Honorarium (less deposit, if applicable)

\$ _____ per _____

Total Speaker Fees \$ _____

TOTAL DUE \$ _____

Name _____ SSN or FEIN _____

Address _____

Date _____ IHCA Authorization _____

Return to Ashley Caldwell by October 31, 2026:

IHCA | 1029 S. Fourth St. | Springfield, IL 62703-2224 | acaldwell@ihca.com | Fax: 217.528.0452