

UPHS 2025 Annual Convention – Rock Island, IL September 17-20

Your Name: _____ Others attending with you _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Full Registration includes all activities except Extra Fare trip to IRM

Full Registration \$260 if paid by July 31, \$275 after: X _____ persons = \$ _____

Extra Fare IRM Trip (includes bus transportation, admission & lunch)..... \$120.00 ea: X _____ persons = \$ _____

Extra Sat. evening banquet tickets (one is included with full reg.)..... \$75.00 ea: X _____ persons = \$ _____

Single-day registrations: **Friday** RRHMA event, lunch & all presentations... \$135.00 ea: X _____ persons = \$ _____

Saturday a.m. & afternoon activities and lunch at hotel..... \$70.00 ea: X _____ persons = \$ _____

Swap Meet Tables..... \$20.00 for dealers, \$10 for UPHS members: X _____ tables = \$ _____

TOTAL DUE -----> \$ _____

(cancellations: full refund by July 31; no refund after that date, to protect UPHS's pre-payment of costs.)

- Meals/Social: full registration includes breakfast buffets at hotel Thurs., Fri. & Sat. mornings, Wednesday evening "ice breaker" at hotel, Friday lunch at RRHMA, and Saturday lunch and evening banquet meal.
- Specify Saturday banquet dinner choice and quantity: Prime Rib ____ Chicken ____ Vegetarian Lasagna ____
- Will you be staying at the Holiday Inn? Yes ____ No ____
- If attending the Illinois Railway Museum event Thursday, do you plan to ride the bus? Yes ____ No ____
- Do you plan to enter the: Photo Contest ____ Model Contest ____? Do you plan to display models? ____

Hotel Reservations: contact the Holiday Inn – Rock Island at (309) 794-1212 (for reservations and to request airport shuttle service, if desired). **Mention code "UPH"** (for UP Historical Society) for discounted **room rate of \$96 per night**.

Convention Registration (two options):

- Register on-line** by going to the UPHS website (UPHS.org), click on "Conventions," then "UPHS 2025 Convention", or,
- Complete this registration form and mail it** (with a check or credit card information filled out below) to:

UPHS 2025 Convention
P.O. Box 4006
Cheyenne, WY 82003-4006

For payment by Visa or MasterCard, please provide information below:

Card Number _____ Exp. Date ____ / ____ CVV# _____

Signature _____

For payment by Check - Write check for amount on "TOTAL DUE" line above, **payable to UPHS**.

Questions? Contact us at convention@uphs.org