

Presented by:

Program:

Presenters:



Seminar Date/Location:

☐

Seminar Schedule:

Registration & Refreshments:

Program:

Lunch:

Credits:

CPE Credit:

Designation Points:

☐ Check this box if you have special needs regulated by the Americans with Disabilities Act.

Full Name \_\_\_\_\_ Badge Name \_\_\_\_\_

Position \_\_\_\_\_

School/Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone (for emergency): \_\_\_\_\_

Fax \_\_\_\_\_ Attendee's E-mail\* \_\_\_\_\_

\*E-mail is required. Your registration confirmation and/or Invoice will be sent to this e-mail address.

NOTE: If you wish to be removed from the seminar fax distribution list, please call: 815.753.9305 or fax to 815.516.0184.

PAYMENT INFORMATION

☐ Check #: \_\_\_\_\_ Payable to: Illinois ASBO

☐ Purchase Order #: \_\_\_\_\_

☐ Charge: Total Amount: \$ \_\_\_\_\_

☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

CC# \_\_\_\_\_ Exp. \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

FEE INFORMATION

☐ \$

☐ \$

☐ \$

☐ \$

**Cancellation Policy:** For a full refund, you must call 72 hours in advance. Basic Plus, Premium Plus and Student Premiers will be responsible for the full Illinois ASBO Member Fee if you are a "No Show." Others will not be refunded and/or will still be invoiced and responsible for the charges.