



Presented by:  
An Approved, Required Strand for Illinois Administrators' Academy Credit

Program: \_\_\_\_\_

Presenters: \_\_\_\_\_



Seminar Date/Location: \_\_\_\_\_

☐

To guarantee special requests,  
let us know one week prior to  
the event if you have any special  
dietary needs. Please list here:

Seminar Schedule: \_\_\_\_\_

Credits: \_\_\_\_\_

Registration & Refreshments: \_\_\_\_\_

PD Credits: \_\_\_\_\_

Program: \_\_\_\_\_

Designation Points: \_\_\_\_\_

Lunch: \_\_\_\_\_

*This seminar meets the requirements for both Facilities Management Designation Program and the Support Staff Designation Program.*

☐ 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.