



Presented by:

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: _____

Credit: _____

Program: _____

Designation Points: _____

Lunch: _____

Check this box if you have special needs regulated by the Americans with Disabilities Act: _____

IEIN (if applicable) _____

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.

Please select the type of credit you need:

PD Clock Hours

Designation Credits

CPE Credits

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.