

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:

CPE Credit:

Program:

Designation Points:

Lunch:

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.