

Annual Illinois Statewide Service-Learning Conference
Crowne Plaza Hotel
3000 South Dirksen Parkway
Springfield, IL 62703
October 23, 2006

Conference Registration Form

Primary Attendee/Contact Person from your site (Please type or print)

Name: _____ Position: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail: _____

Conference Badge Information

Name of School District/ ROE /University/ Organization/Agency: _____

City: _____

Additional Registrations

If other adults or students from your school district or organization will be attending with you, please list them on Part Two of this form and indicate the total number of adult and student attendees below.

Registration Fee (includes all conference materials, continental breakfast and lunch)

Number of Registrants: _____ **Adults @ \$60.00 each = \$** _____
_____ **Students @ \$35.00 each = \$** _____

TOTAL \$ _____

Method of Payment:

A. Check enclosed, payable to *The Center*, in the amount of \$ _____

B. Visa No.: _____ MasterCard No.: _____

Expiration Date of Card: _____

Cardholder Name (type/print): _____

Cardholder Signature: _____

C. Purchase Order Included: _____ (no "requisition" orders please)

Please return these forms, together with payment, by October 16, 2006 to:

The Center

P.O. Box 2401

Bedford Park, IL 60499-2401

CODE: 4310-40 270.07

**Annual Illinois Statewide Service-Learning Conference
Registration Form
Part Two**

Please type or print (this form may be photocopied for additional registrations)

Name: _____ **Adult?** _____ **Student?** _____
Address: (if different from primary attendee) _____

City: _____ State: _____ Zip: _____

Name: _____ **Adult?** _____ **Student?** _____
Address: (if different from primary attendee) _____

City: _____ State: _____ Zip: _____

Name: _____ **Adult?** _____ **Student?** _____
Address: (if different from primary attendee) _____

City: _____ State: _____ Zip: _____

Name: _____ **Adult?** _____ **Student?** _____
Address: (if different from primary attendee) _____

City: _____ State: _____ Zip: _____

Name: _____ **Adult?** _____ **Student?** _____
Address: (if different from primary attendee) _____

City: _____ State: _____ Zip: _____

Name: _____ **Adult?** _____ **Student?** _____
Address: (if different from primary attendee) _____

City: _____ State: _____ Zip: _____

Name: _____ **Adult?** _____ **Student?** _____
Address: (if different from primary attendee) _____

City: _____ State: _____ Zip: _____

Name: _____ **Adult?** _____ **Student?** _____
Address: (if different from primary attendee) _____

City: _____ State: _____ Zip: _____

