

# IASA Workshop Registration Form

**Select Your Course:** Please make additional copies if you are registering for more than one course.

Course Name: \_\_\_\_\_

Date: \_\_\_\_\_ Session # \_\_\_\_\_ (if applicable)

Location: \_\_\_\_\_

**Please type or print:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

District/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check here if you have special needs that are regulated by the Americans with Disabilities Act

**Please indicate method of payment:**

Tuition \$ \_\_\_\_\_

Check # \_\_\_\_\_ payable to "Illinois Association of School Administrators" enclosed

Purchase Order # \_\_\_\_\_

Charge \$ \_\_\_\_\_ to my:  VISA  Master Card

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing address of cardholder, if different than above (no PO Box numbers please)

Street: \_\_\_\_\_

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

**If mailing, please send this workshop registration form and payment information to:**

Illinois Association of School Administrators  
2648 Beechler Court  
Springfield, IL 62703-7305  
or Fax to 217/753-2240

*Need assistance? Contact the IASA office at 217/753-2213.*

<b>Office Use Only - #84 -</b> _____
IASA # _____
Convene # _____
Region _____