

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



Program:

Presenters:



Seminar Date/Location:



Seminar Schedule:

Credits:

Registration: _____

PD Clock Hours:

Program:

Designation Points:

Lunch:

This seminar meets the requirements for both the 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

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FEE INFORMATION

☐ \$

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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.