REGISTRATION FORM

(Please complete one registration form for each registrant. Copy as needed.)

Name: _____

Organization: _____

Business/Home Address: _____

City, State, ZIP: _____

Email Address: _____

Participant's Phone: _____

Please register me for the following **location** –

☐ Springfield: December 5th, 6th, 7th, 12th, 13, 2006

☐ Oak Brook: April 17th, 18th, 19th, 24th & 25th, 2007

□ Registration is waived because I certify that I am enrolled as a graduate student in the _____ program at _____.

□ Registration is waived because I certify that I am employed by DHS or a DHS/DASA contracted agency.

□ My check for $100.00 is enclosed.

Payment Form: ☐ Personal Check ☐ Agency Check or Voucher
☐ Money Order ☐ MasterCard ☐ Visa ☐ Discover

Account# _____ Exp. Date: _____

MAKE CHECK PAYABLE TO: UNIVERSITY OF ILLINOIS AT SPRINGFIELD (UIS)

MAIL FORM AND PAYMENT TO:
Institute for Legal and Policy Studies
Attn: Jeri Frederick
One University Plaza – MS, PAC 451
Springfield, IL 62703-5407

For more information or to request a special diet and/ or other accommodations -
Contact Jeri Frederick at frederick.jeri@uis.edu, phone 217/206-7985 OR
Terry Simpson at simpson.terry@uis.edu, phone 217/206.6050 Fax: 217/206.7397