

Registration

IAAP Annual Convention – May 11, 2010

Springfield Crowne Plaza Hotel

Please print clearly

Company: _____

Address: _____

City, State, Zip: _____

Name of person completing registration form: _____

Telephone: _____ Email: _____

Please register the following people at \$150 each:

Name	Company (if different than above)	Email (Registration confirmation will be sent via email or postal mail.)

Attach additional sheets if necessary.

Number of attendees _____ x \$150 = \$ _____

PAYMENT OPTIONS

Check or Money Order
Write a check or money order payable to the IAAP in the amount indicated above and mail it, along with this completed registration form, to: IAAP, 1115 S. 2nd Street, Springfield, Illinois 62704

Visa or Master Card Credit Card		
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Credit Card Number *	Expiration Date
Cardholder's Name (as it appears on the card)		Card Security Code (final three digits on back of card)
Billing Address		City, State, Zip
Cardholder's Signature		

Fax this completed registration form and credit card information to (217) 241-1641.

* Alternatively, provide your credit card number by telephone at (217) 241-1639
after completing, signing and faxing this form.