

ITMS Conference Registration Form:

Name: _____

Address: _____

City: _____ State, Zip: _____

Phone: _____ Email: _____

<p>Registration Fees for the conference and all meals:</p> <p><input type="checkbox"/> ITMS Member - \$280.00</p> <p><input type="checkbox"/> ITMS Member - \$330.00 Late Registration Fees (between May 15 and June 1)</p> <p><input type="checkbox"/> Non-Member - \$330.00</p> <p><input type="checkbox"/> Non-Member - \$380.00 Late Registration Fees (between May 15 and June 1)</p> <p><input type="checkbox"/> I prefer a vegetarian entrée at the banquet.</p> <p><input type="checkbox"/> Handicapped/special needs (<i>attach explanation</i>)</p>	\$ _____
<p>Accommodation:</p> <p><input type="checkbox"/> \$210.00 (single room for three nights - per person)</p> <p><input type="checkbox"/> \$168.00 (shared room for three nights - per person)</p> <p>If sharing, preferred roommate: _____</p>	\$ _____
<p>Additional Lodging Fee:</p> <p><input type="checkbox"/> Wednesday, June 8 - \$70.00 (no meals)</p> <p><input type="checkbox"/> Sunday, June 12 - \$70.00 (no meals)</p>	\$ _____
<p>Daggy Scholarship Fund:</p> <p>Would you like to make a donation to the Daggy Youth Scholars Fund?</p> <p><small>Donations to the Daggy Scholarship Fund are tax deductible to the extent allowed by law.</small></p>	\$ _____
<p>Total (made payable to ITMS):</p>	\$ _____

Please print and return this form, with check or money order made out to ITMS, to:

Michael A. Brennan
 ITMS Chicago
 P.O. Box 31931
 Chicago, IL 60631.