

ANNUAL CONFERENCE PRIMARY SPEAKER — REGISTRATION \$60

66th ICTM Annual Meeting
Registration Form — Early Bird Deadline September 15

Name: _____

Check preferred mailing address. Please complete both columns. ☐ Home ☐ Work

Home Address: _____

Work Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Mail my confirmation to: ☐ Home ☐ School

Indicate if you are a (check as many as appropriate): ☐ Speaker ☐ President ☐ Board Member

Early Bird Registration (deadline September 15) for BOTH Friday, October 7 (includes lunch) and Saturday (October 8).

- ☐ ICTM Member (\$150.00) _____
☐ Non-member (\$225.00) _____
☐ Student (\$40.00) _____

Late Registration (after September 15) for BOTH Friday, October 7 (includes lunch) and Saturday, October 8 - registration deadline September 29.

- ☐ ICTM Member (\$195.00) _____
☐ Non-member (\$270.00) _____
☐ Student (\$40.00) _____

*Primary Speaker -
Registration fee for
Annual Conference is \$60*

Friday ONLY, October 7 (includes lunch) -
registration deadline September 29.

- ☐ ICTM Member (\$125.00) _____
☐ Non-member (\$160.00) _____
☐ Student (\$40.00) _____

Saturday ONLY, October 8 registration.

- ☐ ICTM Member (\$110.00) _____
☐ Non-member (\$150.00) _____
☐ Student (\$40.00) _____

Please note that walk-in registration is not available for Friday.

Total Fees: **\$60**

Ticket reservations not available. Limited-seating workshops do not require tickets.

Workshop seating will be limited to room capacity, and issued on a first-come, first-served basis.

Payment Method:

☐ Check payable to: Eastern Illinois University

☐ Master Card

☐ Visa

☐ Discover

Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

Mail registration form and payment to:

ICTM Conference, Eastern Illinois University,

School of Continuing Education, 600 Lincoln Avenue, Charleston, IL 61920-3099, or register online at

ICTM.org .

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name _____ Phone _____ Relationship _____

ANNUAL CONFERENCE ADDITIONAL SPEAKER

PLEASE REMIT APPROPRIATE REGISTRATION FEES

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Work Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

Mail my confirmation to: ☐ Home ☐ School

Indicate if you are a (check as many as appropriate): ☐ Speaker ☐ Presider ☐ Board Member

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*Additional Speaker -
Please remit appropriate
registration fees.*

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registration deadline September 29.

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