

2016 IAJHSC ADVISORS' WORKSHOP
REGISTRATION FORM AND INVOICE

School Name _____

IAJHSC District (Check one)

- Mideast North Northeast Lake Southeast
 Midwest Northeast Northwest Southwest
 Not a Member (Non-Member registration fee is \$110)

Name(s)

PLEASE NOTE: The lunch meal on Friday is a standard meal. If you have a dietary health concern that requires a non-standard meal we must be informed five days prior to the event. If we are not notified five days in advance the cost of any substitute meal will be your responsibility.

Number of Participants _____

X fee of \$85 (\$110 non Member)

Total Due \$ _____

Vender: Illinois Association of Jr. High Student Councils

This form is your **invoice**. Please retain a copy for your business office. Your cancelled check will be your **receipt**.

All forms must be mailed by **Thursday, September 15, 2016**. All registration forms must be accompanied with a school or personal check payable to **IAJHSC**.

Mail to:

Bob Hayes, Workshop Registrar

18031 S. 66th Ct.

Tinley Park, IL 60477

Remember to make a reservation at the Chateau Hotel in Bloomington