

CONFERENCE REGISTRATION FORM

Please type or print clearly. One registrant per form. Photocopy as needed. Additional copies are available in .pdf format via Adobe Acrobat Reader at the conference website.
<http://www.imlab.uiuc.edu/eslarp/compact/>

Name: _____ Title/Position: _____
 Dept./Campus Org. _____ School/Org. _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____ Phone: _____

OCCUPATION:

- Student
 Graduation Year: _____
- Faculty/Teacher
 __ College __ Secondary
 __ Elementary
- Administrator
 __ College __ Secondary
 __ Elementary
- Community Partner
 School affiliated with: _____

- Other: _____

DIETARY RESTRICTIONS:

- Vegetarian
- Vegan
- Kosher
- Other: _____

ACCESSIBILITY NEEDS:

- I have Audio/Mobility Needs. (We will contact you for further information on how to ensure your enjoyment at the conference.)

* Please note: Hotel information is available at the symposium website:
<http://www.imlab.uiuc.edu/eslarp/compact/>

REGISTRATION FEE

	Discounted Student Rate	Illinois Campus Compact		Amount
		Member	Non-Member	
Pre-Conference Session on Principles and Practice of Service-Learning Thursday, April 8, 1999, 1:00 – 6:30 p.m.	\$ 5	\$25	\$35	
Main Conference Session Starting at 6:30 p.m., Thursday, April 8, 1999 through 5:15 p.m., Friday, April 9, 1999 (Includes Thursday dinner and Friday lunch)	\$25	\$50	\$75	
Total Amount				

Type of Payment Enclosed:

(Make payable to *Illinois Campus Compact*)

- Check # _____
- Payment being processed.
 FEIN # 376014070

PLEASE RETURN TO:

1999 Faculty Symposium on Service-Learning
 Illinois Campus Compact
 2700 Illinois State University
 Normal, IL 61790-2700

Phone: (309) 438-8123
 Fax: (309) 438-5593