ILLINOIS PUBLIC SAFETY TELECOMMUNICATIONS CONFERENCE -2009

REGISTRATION FORM

Name: _____

As you wish it to appear on name badge

Title _____

Agency _____

Address _____

City, State, & Zip _____

Phone: _____ **Fax:** _____

Email Address: _____

PRE-REGISTRATION IS *REQUIRED* PRIOR TO SEPTEMBER 25th, 2009
PAYMENT *MUST* ACCOMPANY THE PRE-REGISTRATION FORM

NO REFUNDS AFTER OCTOBER 2nd, 2009

Please check registration type:		Early Registration	After September 25th,	Amount
_____	**Sunday Training Session**	**$ 99.00**	**$ 99.00**	**$** _____
_____	**Full Conference**	**$ 125.00**	**$ 150.00**	**$** _____
_____	**Monday Only**	**$ 75.00**	**$ 85.00**	**$** _____
_____	**Tuesday Only**	**$ 75.00**	**$ 85.00**	**$** _____
_____	**Full Guest Registration***	**$ 75.00**	**$ 85.00**	**$** _____
			TOTAL	

*Full guest registration includes Sunday evening reception, Monday evening dinner and entertainment and Tuesday lunch. Guest registration is restricted to individuals who are not employed in public safety or local government or in the telecommunications field either as a public or private sector employee. It is available only when accompanied by a full registration.

Name of Guest:_____

Please indicate if you will attend: _____Monday Evening Dinner _____Tuesday Lunch

PAYMENT INFORMATION

____Pre-Registration Check Enclosed **(Make checks payable to : IPSTA)**

____Credit Card **(VISA and MASTERCARD ONLY)**

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Credit Card #: Exp: Month/Year

Credit Card Security Number: _____(last 3 or 4 digit number on back of card)

Name on Card:_____

Signature of Cardholder:_____

Mail Registration Form To:

IPSTA
P. O. Box 263
Bourbonnais, IL 60914