



SUPER SEWING SEMINAR

ATTENDEE REGISTRATION FORM

The Super Sewing Seminar is sponsored by the Innovative Curriculum Resources Project.
The \$30.00 registration fee includes breakfast and lunch and 8 Professional Development Hours.

ATTENDEE INFORMATION:

First Name _____ Last Name _____
Home Address _____
City _____ State _____ Zip _____
Attendee Phone Number _____ School Email Address _____
School Name _____ Summer Email Address _____
School Address _____
IEIN (Required for ISBE Licensed Educators; Check the Educator Licensure Information System (ELIS) for this information at <https://www.isbe.net/Pages/Educator-Licensure-Information-System.aspx>) _____
Special Needs (dietary or other) _____

Teaching Area:

- Business, Marketing and Computer Education Health Science School Counselor
 Family and Consumer Sciences Technology and Engineering Science Other: _____

Professional Development Hours (PDH):


- Please check the box if interested in receiving PDH for attendance

DATE AND LOCATION:

- June 6 - Springfield**
8:00 am - 4:30 pm
Illinois Education Professional Development Center
3340 Liberty Dr
Springfield, IL 62704
Registration Deadline: May 30


Cancellation Policy: A \$15.00 processing fee will be charged for registrations cancelled prior to the deadline above. No refunds will be issued after the deadline. Substitutions may be made in writing to tekerr@ilstu.edu

REGISTRATION OPTIONS:

 **By Phone:** (800) 877-1478 or (309) 438-2160 using Visa, MasterCard, Discover, American Express or PO Number
8:00 am-4:30 pm, Monday-Friday

 **By Mail:** Complete registration form and send to:
Super Sewing Seminar
Illinois State University
Conference Services
Campus Box 8610
Normal, IL 61790-8610

 **Online:** Please visit bit.ly/SuperSewingSeminar using Visa, MasterCard, Discover or American Express

 **By Fax:** Fax completed registration form to (309) 438-5364 with credit card payment or copy of PO number

Check enclosed for \$ _____ (payable to Illinois State University)
Purchase Order # _____ (PO to be faxed to (309) 438-5364 within two business days)
 Visa MasterCard Discover American Express
Card Number _____ Exp. Date _____ CVV# _____
Signature on card _____

A confirmation receipt will be sent via email. For registration questions, please contact ISU Conference Services (800) 877-1478 or email tekerr@ilstu.edu. If you have any program questions, please contact Linda Walker at lwalker4@ilstu.edu.