

Registration Form

(You may duplicate this form for additional names. Please print **one** name per form.)

Name	Badge Nickname	
Address		
Is this address a school or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , name of school or business		
City		
State	ZIP	
Email		
(We MUST HAVE your email, and please be sure it is a different email address for each person, in order to send you an evaluation after the conference, and for you to receive your evidence of completion and confirmation letter.)		
Telephone–Day	Evening	
Workplace		
Title		
Concordia Alum?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Year
Age of children you serve	Grade level of children you serve	

Pre-registration deadline: July 17, 2017

Full Conference	\$110 per person (\$135 after 7/17/17)	\$
Full-time CUC undergraduate students	\$25 per person (\$35 after 7/17/17)	\$
<input type="checkbox"/> Box Lunch <i>(Please check if you want a box lunch)</i>	Additional \$10	\$
Total Amount Enclosed		\$
Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Name on Card		
Card Number		
Expiration Date	CVV#	<i>(3 or 4 secure digits on back of card)</i>
Address		
Signature		
Cardholder Phone Number		

If you have questions, call **708-209-3024**
Please complete this form, and mail it with your check
(payable to Concordia University Chicago) to:

Concordia University Chicago
Attention: Carol Smid
7400 Augusta Street
River Forest, Illinois 60305-1499

Concordia-Chicago admits students without regard to age, sex, creed, race, color, national or ethnic origin or disability.