

**61st ICTM Pre-Conference and Annual Meeting
Registration Form — Deadline September 24th**

Name: _____

Check preferred mailing address. Please complete both columns. Home Work

Home Address: _____ Work Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Mail my confirmation to: Home School
 Indicate if you are a (check as many as appropriate): Speaker Presider Board Member

Pre-Conference (Thursday, October 14, 2010)

- ICTM Member (\$65.00) _____
- Non-member (\$95.00) _____
- College Student (\$25.00) _____

Annual Meeting (Friday and Saturday, October 15 and 16, 2010)

- ICTM Member (\$80.00) _____
- Non-member (\$120.00) _____
- College Student (\$30.00) _____
- Non-teaching Guest (\$30.00) _____

Name _____

- Dinner Banquet _____
 _____ number of tickets at \$30.00 per ticket _____

Total Fees: _____

Workshop Number(s) _____ (3 workshop limit) Alternate Choice _____

General Sessions do NOT require tickets.

Payment Method:

- Check payable to: **Eastern Illinois University** Master Card Visa Discover

Card Number _____ Expiration Date _____

Name on Card _____ Signature _____

Mail registration form and payment to: *ICTM Conference, Eastern Illinois University,
 School of Continuing Education, 600 Lincoln Avenue, Charleston, IL 61920-3099, or go online to register at ICTM.org.*

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____