

ILLINOIS SCHOOL FUNDING FAIRNESS CONFERENCE  
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

17B0902200

March 10, 2017

***PARTICIPANT REGISTRATION***

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First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

School/Institution: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Title: \_\_\_\_\_ Dietary Needs: \_\_\_\_\_

**\*If you plan to attend lunch and need a parking pass, a \$23 charge will be applied. Metered lot is available for parking (\$0.50/hour).**

**I plan to attend lunch:**  Yes  No **I need a parking pass:**  Yes  No

**Are you an educator seeking Professional Development Hours:**  Yes  No

**Are you a social worker/professional counselor seeking Professional Development Hours:**  Yes  No

**Will you be seeking 2.0 hours attorney IL MCLE? (Approval Pending):**  Yes  No

***Payment Information***

Participant Fees: \$23 (includes continental breakfast, luncheon and parking pass)

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card \_\_\_\_\_ CVC Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Payer Email (required): \_\_\_\_\_

**Bill the School/Institution:** School/Institution Address: \_\_\_\_\_

ATTN: \_\_\_\_\_

Return to: Illinois School Funding Fairness Conference  
Conference Services  
Mail Code 6705  
Southern Illinois University  
Carbondale, IL 62901

Questions? Phone: (618) 536-7751  
Fax: (618) 453-5680  
Email: [conferenceservices@siu.edu](mailto:conferenceservices@siu.edu)  
conferenceservices.siu.edu