REGISTRATION FORM

May 20 – 22, 2008
The Calumet Conference Center
Purdue University, Calumet, IN

Last Name: _____ **First Name:** _____

Title: _____ **Organization:** _____

Address: _____**Suite:**_____

City, State, Zip:_____ **E-mail:** _____

Phone: _____ **Fax:** _____

**Please print clearly. One registration form per person please.*

A. Choose ONE of the following attendance options: (See agenda for topics)

___ $65.00 Full Conference ___ $50.00 Wednesday Only (includes lunch)

___ $15.00 Tuesday Afternoon Only ___ $15.00 Thursday Morning Only

B. Choose ONE of the following payment options (Confidential):

___ Visa ___ MasterCard

Card # _____ Exp. Date: _____

Full Name on Card _____ Signature: _____
Please Print

Card Billing Address (if different from registration address above): _____

_____

*Note: The registration fee is **non-refundable** but is transferrable.*

___ Check Check #: _____

___ Purchase Order P.O. #: _____

Please make checks and PO's payable to: CMAP

*Please **mail** checks and PO's with a copy of the form to:*

Diane Johnson, LMWA III Conference
Chicago Metropolitan Agency for Planning
233 S. Wacker Dr. Suite 800
Chicago, IL. 60606

C. Fax the completed application form (confidential) and copy of the check or PO request to:
Diane Johnson, 312.386.8634 FAX. For questions, please e-mail info@cmap.illinois.gov