

# REGISTRATION FORM

OHIO COUNCIL IMA and KENT STATE UNIVERSITY  
36th Annual Meonske Professional Development Conference  
Friday, April 30, 2010

NAME

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TITLE

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COMPANY

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ADDRESS

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DAYTIME PHONE

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EMAIL

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IMA CHAPTER

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<u>CHECK</u> <u>ONE</u>	<u>REGISTRATION</u> <u>FEE</u>	<u>AFTER</u> <u>APRIL 23</u>	<u>QTY</u>	<u>AMOUNT</u> <u>ENCLOSED</u>
<input type="checkbox"/> IMA MEMBER	\$175	\$190	___	_____
<input type="checkbox"/> NON-MEMBER	\$195	\$210	___	_____
<input type="checkbox"/> *DISCOUNT	\$155	\$170	___	_____
*5 OR MORE FROM SAME COMPANY REGISTERING AT THE SAME TIME		___	*Thursday Registrant	
<input type="checkbox"/> EDUCATOR	\$ 90	\$105	___	_____

SCHOOL \_\_\_\_\_

*No price increase . . . this year's conference at last year's rates!*

## **Indicate Method of Payment (Check/Credit Card)**

\_\_\_ Check Make Check Payable to: **Kent State University**

\_\_\_ Credit Card (*MasterCard, VISA & Discover Only*)

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Contact phone number (\_\_\_\_) \_\_\_\_\_

Mail completed registration form with payment to:

Kent State University Conference Bureau

106 Kent Student Center

P.O. Box 5190

Kent, Ohio 44242

Registration Questions? (330) 672-3161