


Detach and mail/fax this Registration Page to:
 ICADV 1915 W 18th St, Ste B, Indpls, IN 46202 Fax: 317-917-3695

Early Bird Registration:

 Fee & registration must be received by Sept 30, 2008!!

Registration Deadline: Oct 15, 2008 (Fees NON-REFUNDABLE after this date.)

Name (as it will appear on name tag)	
Profession	Organization
Address	
City	State
County	Zip Code
Phone	Fax
Email	
Tuesday Lunch Selection: Tilapia w/ White Wine Sauce <input type="checkbox"/> Chicken Marsala <input type="checkbox"/>	
Vegetarian Meal Requested <input type="checkbox"/>	ASL Interpreting Required  <input type="checkbox"/>

Registration category	Payment before Sept 30, 2008	Payment after Sept 30, 2008	Amt Due
ICADV Provider Member	\$150	\$170	
ICADV Partner Member	\$165	\$185	
ICADV Personal Member	\$175	\$195	
State Employee	\$175	\$195	
Non-Member	\$190	\$210	
Student / Senior	\$125	\$145	
One-Day Rate <input type="checkbox"/> Tues 10/21 <input type="checkbox"/> Wed 10/22	\$100	\$125	
I Want to Join ICADV (Membership Prorated Oct, 2008 thru Dec, 2008*) *Subsequent Annual Membership billing for Jan. 1 thru Dec. 31, 2009			
ICADV Provider Membership	\$125	\$125	
ICADV Partner Membership	\$37.50	\$37.50	
ICADV Personal Membership	\$12.50	\$12.50	
Total Amount Due			\$

Method of Payment (Check One):

Charge my MasterCard, Visa or Discover Check Enclosed

CC# _____

Exp. _____

Signature _____

Office Use Only:
 Registration Database: _____
 Authorization #: _____
 Received: _____