



ILLINOIS ASSOCIATION FOR HOME AND COMMUNITY EDUCATION
IAHCE 2018 DISTRICT WORKSHOP - DISTRICT 4 & 5
Location: Chateau Hotel & Convention Center
1621 Jumer Dr.

Bloomington, IL 61704
Date: Wednesday, August 8, 2018

District _____

County _____

Email address contact _____

Additional names may be placed on back or separate sheet. Check names of attendees if it is their first time attending a

Registration is 9:00 - 9:30 AM

PLEASE LIST THE NAMES OF PERSONS ATTENDING WORKSHOPS AND INDICATE BY USING THE NUMBER OF THE WORK SHOP, THE SESSION THEY WILL BE ATTENDING.

- | | | |
|---|-------------------------------|-------------------------|
| 1. President | 4. Secretary/Nominating Chair | 7. International |
| 2. 1 st Vice President | 5. Family & Community Issues | 8. Public Relations/CVH |
| 3. 2 nd Vice President/Treasurer | 6. Cultural Enrichment | 9. Ways & Means |

NAME	FIRST TIME ATTENDING Yes	WORKSHOP

Additional names may be placed on back or on separate sheet. Check names of attendees if it is their first time attending a District Workshop.

Number of Reservations @ \$20.00 each _____

Total _____

Make Checks payable to IAHCE.

Mail to: **Kathleen Emery**
21159 N. 1900 E. Rd.
Towanda, IL 61776

Reservations and Checks must be received by: July 26, 2018

Registration fee is transferable but not refundable.