ILLINOIS ASSOCIATION FOR HOME AND COMMUNITY EDUCATION
IAHCE 2018 DISTRICT WORKSHOP - DISTRICT 6 & 7
Location: St. John's Lutheran Church
901 W. Jefferson
Effingham, IL 62401
Date: Thursday, August 9, 2018

District _____ County _____

Email address contact_____

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

NAME	FIRST TIME ATTENDING Yes	WORKSHOP

Additional names may be placed on back or 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: **Janel Kassing**
328 S. Main St.
Red Bud, IL 62278

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

Registration fee is transferable but not refundable.