ILLINOIS ASSOCIATION FOR HOME AND COMMUNITY EDUCATION
IAHCE 2017 DISTRICT WORKSHOP - DISTRICT 1 & 2/3
Location: United Methodist Church
160 Johnson Ave
Sycamore, IL 60178
Date: Thursday, August 10, 2017

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/Treasurer
2. 1st Vice President
3. 2nd Vice President
4. Secretary/CVH
5. Family & Community Issues
6. Cultural Enrichment
7. International
8. Public Relations
9. Member at Large Session

Name	Workshop Number

Additional names may be placed on back or separate sheet.

Number of Reservations @ $20.00 each_____ Total_____
Make Checks payable to IAHCE.
Mail to: **%Kathy Peterson**
320 N. Calhoun
St. Morris, IL 60450
Reservations and Checks must be received by: **July 26, 2017**
Registration fee is transferable but not refundable.