ILLINOIS ASSOCIATION FOR HOME AND COMMUNITY EDUCATION
IAHCE 2017 DISTRICT WORKSHOP - DISTRICT 4 & 5
Location: Southern View Chapel
4500 S. Second St.
Springfield, IL
Date: Wednesday, August 9, 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: **%Mary Eustace**
48010 166th Ave.
Pearl, IL 62361
Reservations and Checks must be received by: **July 26, 2017**
Registration fee is transferable but not refundable.