



ILLINOIS ASSOCIATION FOR HOME AND COMMUNITY EDUCATION

IAHCE 2017 DISTRICT WORKSHOP - DISTRICT 6 & 7

Location: St. John's Lutheran Church

901 W. Jefferson

Effingham, IL 62401

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

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: **Janel Kassing**
328 S. Main St.
Red Bud, IL 62278

Reservations and Checks must be received by: July 26, 2017

Registration fee is transferable but not refundable.