

CICO Counselor Educator Summit Registration

Friday, March 31, 2017 – NLU Lisle

Name _____

Street Address _____ City _____

State _____ Zip _____ Phone *work/ home* (_____) _____ - _____

Email _____

University _____

\$25 Registration Fee per attendee

to cover the cost of food, room, and materials.

Payment Information

You can mail a check. POs are OK. Or Credit Card Below.

Credit Card Information:

Card Number _____ - _____ - _____ - _____

Exp Date _____ 3 or 4 Digit Security Code _____

Name on card (if different than registrant's):

Billing address (if different than registrant's):

Street Address _____

City/State _____ Zip _____

Mail form to:

IMHCA
PO Box 706
DeKalb, IL 60115

Scan & email form to:

myimhca@gmail.com