



Illinois Association of College Stores
35th Anniversary Fall Meeting
October 23-25, 2005
BOOKSTORE REGISTRATION FORM

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ FAX: () _____ E-mail: _____

FULL REGISTRATION – Includes attendance at sessions, all meal functions.

Attendee's Name	1 st IACS Meeting?	Registration Fee
1. _____	Y N	\$150

Will Attendee 1 be attending the following meals?

Sunday Evening Y N

Monday Breakfast Y N

Monday Lunch Y N

Monday Evening Y N

Tuesday Breakfast Y N

Please note any Dietary Needs: _____

Attendee's Name	1 st IACS Meeting?	Registration Fee
2. _____	Y N	\$100

Will Attendee 2 be attending the following meals?

Sunday Evening Y N

Monday Breakfast Y N

Monday Lunch Y N

Monday Evening Y N

Tuesday Breakfast Y N

Please note any Dietary Needs: _____

Attendee's Name	1 st IACS Meeting?	Registration Fee
3. _____	Y N	\$

Will Attendee 3 be attending the following meals?

Sunday Evening Y N

Monday Breakfast Y N

Monday Lunch Y N

Monday Evening Y N

Tuesday Breakfast Y N

Please note any Dietary Needs: _____

Attendee's Name	1 st IACS Meeting?	Registration Fee
4. _____	Y N	\$

Will Attendee 4 be attending the following meals?

Sunday Evening	Y	N
Monday Breakfast	Y	N
Monday Lunch	Y	N
Monday Evening	Y	N
Tuesday Breakfast	Y	N

Please note any Dietary Needs: _____

There has been a change to the fee schedule for this meeting. First registration is \$150. All other full registrations are \$100. Lunch Monday and trade show fee is \$50 per person with a full registration. The fee schedule after the first full registration is mainly to cover meal costs.

Please plan on me for the Museum Tour	Y	N
--	----------	----------

Registration Deadline: October 10, 2005

Please make all checks payable to
 ILLINOIS ASSOCIATION OF COLLEGE STORES
 Mail completed registration form and payment to:
IACS
Sta. A – Box 2245
Champaign, IL 61825

**FEES WILL NOT BE REFUNDED FOR CANCELLATIONS AFTER
 OCTOBER 10, 2005**