



REGISTRATION FORM

Last Name: _____ First Name: _____
(as you want it to appear on nametags)

Office Email: _____ Office Phone: _____ Office Fax: _____

Township: _____ County: _____

Company/Organization Name: _____

Title: _____ Office Address: _____

City _____ State: _____ Zip: _____

Please complete a registration form for EACH person attending the conference. Online Registration & Payment can also be made at www.indianatownshipassoc.org

Full Conference Options (includes all events, seminars & meals). You must be affiliated with a township to attend.

Members Cost

___ \$190 Full Conference Early Bird (before 9/1/2018)

___ \$230 Full Conference (after 9/1/2018)

Non-Members Cost

___ \$275 Full Conference Early Bird (before 9/1/2018)

___ \$325 Full Conference (after 9/1/2018)

OPTIONS FOR SPOUSE/GUEST OF:

Meals/Entertainment Only Awards Only
___ \$130 (member) ___ \$70 (member)
___ \$185 (non-member) ___ \$90 (non-member)

MUST PRE-REGISTER FOR ONE CERTIFICATION CLASS:

___ Township Assistance
___ Policies & Contracts
___ Public Relations/Affairs

Method of Payment

___ Check enclosed (make payable to "ITA") Credit card: ___ Visa ___ MasterCard ___ AMEX

Card No.: _____ 3-Digit Verification # _____ Exp. Date: _____

Name on Card: _____ Billing Address: _____

City _____ State _____ Zip _____ Phone: _____

Signature: _____ Date: _____

Send this registration and payment to:

Indiana Township Association
PO Box 611
Fishers, IN 46038
317.813.3240 / 317.813.3187 Fax
ita@indianatownshipassoc.org

Do not fill in - for ITA Office Use Only: Credit Card or Check #: _____ Total this Registration: \$ _____

Total Check/Credit Card: \$ _____ Total # paying for: _____ Date ITA Received: _____