



# New Township Officials' Training

## January 12, 2019 Registration

Please return this entire page and send a separate form for each person attending with payment no later than January 4, 2019 to:

Indiana Township Association, Inc.  
PO Box 611  
Fishers, IN 46038  
[Ita@indianatownshipassoc.org](mailto:Ita@indianatownshipassoc.org)  
317.813.3240 Phone 317.813.3187 Fax

Township: \_\_\_\_\_ County: \_\_\_\_\_

Office Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_

\*\*\*\*\*

Method of Payment **Cost \$25.00** ***This includes continental breakfast, lunch & materials***

\_\_\_\_ Check enclosed (make payable to "ITA")

Credit card: \_\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_

Card No.: \_\_\_\_\_ 3-Digit Verification # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

How many attending: \_\_\_\_\_ Total to be charged to this card: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

***ITA Office Use only:***

Credit Card or Check # \_\_\_\_\_ Total this Registration \$ \_\_\_\_\_ Total Check/Credit Card \$ \_\_\_\_\_

Total # paying for \_\_\_\_\_ Date Received by ITA \_\_\_\_\_