



Last Name: _____ First Name: _____

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

Conference Fees Per Person

ITA Members: ___ \$99 NON-Members: ___ \$159

The Conference program/classes will be available "LIVE" on September 21 & 22. Following the conference, registered attendees will be able to view at their leisure for 30 days; thus, you will have access to watch ALL classes and general sessions for one low price. The pricing is the same for satellite locations. **Fees MUST be received by NOON on Thursday, September 17th to attend live. Payments received following the deadline will be given access to the recordings beginning September 24.**

Satellite Locations for Attendees Without Adequate Internet Connectivity

These Purdue Extension locations will be set to view the conference with breakout choices TBD by the group. WIFI will be available for using your own laptop/tablet/headphones, as well. *[More Locations TBA as they become available.]*

____ Huntingdon County(10 Seats)
1340 South Jefferson Street
Huntington, IN 46750
260.358.4826

____ Clinton County(14 Seats)
1111 S. Jackson
Frankfort, IN 46041
765.659.6380

____ Green County(14 Seats)
4506 W. State Road 54
Bloomfield, IN 47424
812.659.2122

Method of Payment

____ Check enclosed (make payable to "ITA") Credit card: ____ Visa ____ MasterCard ____ Discover

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 / 317.288.7820 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: _____