

IALD AND LIRC MEMBERS: I would like to purchase _____ tickets at \$250.00 USD each

Name(s) of those that will attend (including yourself): _____

NON-MEMBERS: I would like to purchase _____ tickets at \$350.00 USD each

Name(s) of those that will attend (including yourself): _____

First Name Last Name

Company

Street Address

City State/Province Postal Code Country

Daytime Phone Email Address

METHOD OF PAYMENT

- Invoice MasterCard Visa American Express
 Discover Check (Payable to **IALD Education Trust**)

Card Number

Print Name

Signature (as shown on credit card)

Expiry Date Amount

**PLEASE RETURN THIS FORM TO KELLY ASHMORE IN THE IALD OFFICE:
VIA EMAIL:** kelly@iald.org , +1 312 527 3677
VIA MAIL: IALD Education Trust, 440 N. Wells St, Suite 210 Chicago, IL 60654
VIA FAX: +1 312 527 3680