



Innovation Workshop 1 REGISTRATION FORM

Please Print

Name _____

University/Business Affiliation _____

Street Address _____

City _____ State _____ Zip _____

Country _____

Phone _____ FAX _____

E-mail _____

Meeting Registration Fee	<u>Before September 19</u>	<u>After September 19</u>
IETS Professional Member	_____ \$275	_____ \$350
Non-Member	_____ \$350	_____ \$425
IETS Student Member	_____ \$150	_____ \$225
Student Nonmember	_____ \$200	_____ \$275

TICKETED EVENTS

Scenic Boat Tour Reception, October 15, Monday evening _____ \$35.00

Farm Tour, Wednesday, October 17, 8:30am – 5:30pm, includes transportation and lunch _____ \$65.00

TOTAL \$ _____

_____ Are you interested in presenting 1-2 slides at a session? Please check if yes.

Make check payable to the IETS Innovation Workshop 1 and submit with registration information by **September 19, 2012** to: IETS Innovation Workshop, 1800 South Oak Street, Suite 100, Champaign, IL 61820 or fax to 217-398-4119. **Cancellation Policy: To be eligible for a 90% refund of meeting registration fees, requests must be received in writing before September 28, 2012. No refunds will be issued on ticketed events.**

Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Total amount to charge: _____ Credit Card Number _____ Expiration Date _____ *Signature _____ *Required
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