

ILLINOIS CLASSICAL CONFERENCE
2003 Annual Meeting
The University of Chicago

Registration Form

Name _____

School or business _____

Mailing Address _____
(Street)

(City) (State) (Zip)

Telephone (home) _____ (Work) _____

Email address _____

PAYMENTS

	Amount
Registration Fee (\$35. per person).....	_____
Student Registration(\$5. per person)	_____
Saturday buffet luncheon (\$20. per person).....	_____
Saturday banquet (\$32. per person).....	_____
(<input type="checkbox"/>)Chicken Florentine (<input type="checkbox"/>)Vegetarian dish, Spanakopita	
Sunday buffet brunch (\$18. per person).....	_____
TOTAL ENCLOSED (Please make check or money order payable to Illinois Classical Conference.)	_____

N.B. Registration forms and payments should be sent by 8 October 2003 to:

Mrs. Jay F. Mulberry
5542 South Blackstone Avenue
Chicago, IL 60637-1854.