ILIINOIS 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) ......................................................
   ( ) Chicken Florentine   ( ) 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.