

## 2010 Conference Registration

Name : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone (alternate): \_\_\_\_\_

E-mail: \_\_\_\_\_

CISM Team / Affiliation: \_\_\_\_\_

Vegetarian lunch requested (circle one) yes / no

Will attend hospitality night Thursday May 20 yes / no

Special needs / requests:

Mail completed form with a check or money order for \$100USD (after May 1 - \$120USD) to;

CC-CISM 2010 Conference

PO Box 22650

Cleveland, OH 44122

Please make checks payable to : CC-CISM